

2020 MAGNET® SITE VISIT GUIDE



Phelps Hospital
Northwell Health®



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Mark your Calendars!
The Virtual Magnet®
Site Visit will be from:
August 19, 2020
to
August 21, 2020

2020 MAGNET® SITE VISIT GUIDE OBJECTIVE

ALLOW THE READER TO BE PREPARED FOR THE SITE VISIT BY OBTAINING KNOWLEDGE OF THE FOLLOWING:

- ❖ *Phelps Hospital Magnet® Journey*
- ❖ *Magnet Recognition Program®*
- ❖ *Magnet components and how they apply to nursing at Phelps*
- ❖ *Evolution of our Professional Practice Model*
- ❖ *Shared Governance Model*
- ❖ *Nursing reporting structure*
- ❖ *The Nursing Strategic Plan*
- ❖ *Your unit or divisions inspirational and innovative stories highlighted in our Magnet® Document*

BACKGROUND

IN 2017

PHELPS HOSPITAL COMPLETED A GAP ANALYSIS.

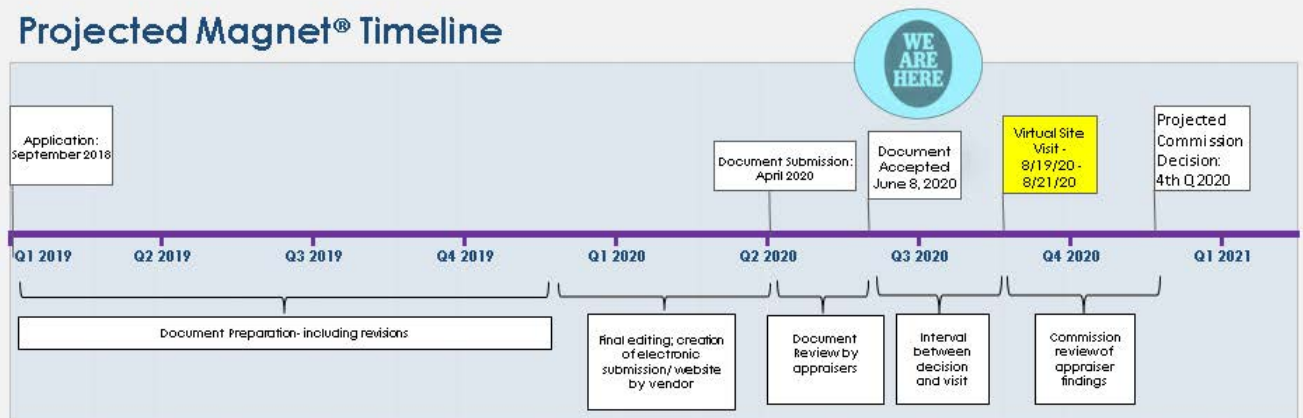
BASED ON THE FINDINGS, IT WAS DETERMINED THAT WE SHOULD JOIN OTHER SELECT NORTHWELL HEALTH HOSPITALS TO PURSUE THE PRESTIGIOUS MAGNET® AWARD.

THUS OUR MAGNET® JOURNEY BEGAN.

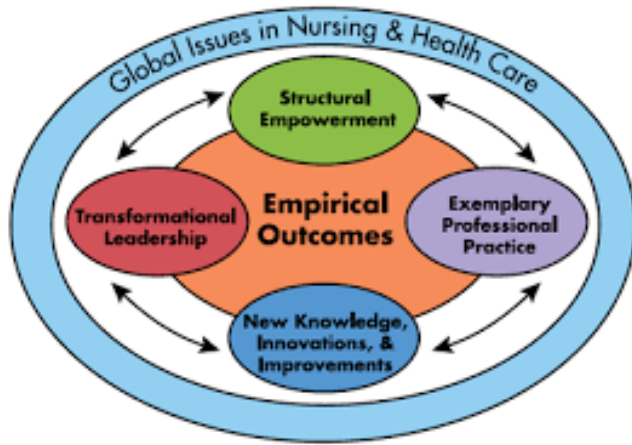
MAGNET® APPRAISERS HAVE REVIEWED AND APPROVED OUR MAGNET® DOCUMENT. WE ARE CURRENTLY IN THE PHASE TO PREPARE FOR OUR SCHEDULED VIRTUAL SITE VISIT FROM 8/19/20 - 8/21/20.

THE SITE VISIT IS YOUR TIME TO ... SHINE!

Projected Magnet® Timeline



The following pages explain the Magnet® Components and how they apply to Nursing at Phelps Hospital.



Magnet® Model

WHAT IS THE MAGNET RECOGNITION PROGRAM®?

The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes. The Magnet Recognition Program provides a roadmap to nursing excellence, which benefits the entire organization. To nurses, Magnet Recognition means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be.¹

BENEFITS OF MAGNET®:

- Highest standard of care for patients.
- Staff who feel motivated and valued.
- Business growth and financial success¹

¹ <https://www.nursingworld.org/organizational-programs/magnet>

² <https://www.indeed.com/career-advice/career-development/transformational-leadership>

³ http://lippincottolutions.lww.com/blog.entry.html/2017/10/06/at_the_core_of_magne-Xfs8.html

TRANSFORMATIONAL LEADERSHIP (TL)

Transformational leadership is a process where leaders and followers raise each other up to higher levels of motivation. A good transformational leader does the following:²

- ❖ Provides encouragement
- ❖ Sets clear goals
- ❖ Provides recognition and support
- ❖ Models fairness and integrity
- ❖ Provokes positive emotions in others
- ❖ Inspires people to achieve their goals

STRUCTURAL EMPOWERMENT (SE)

Structural empowerment allows for shared decision making involving direct care nurses through an organizational structure that is decentralized. While the chief nursing officer has an active role on the highest-level councils and committees, standards of practice and other issues of concern are handled by groups that allow direct care nurses of all levels to exercise influence.³

EXEMPLARY PROFESSIONAL PRACTICE (EP)

This entails a comprehensive understanding of the role of nursing; the application of that role with patients, families, communities, and the interdisciplinary team; and the application of new knowledge and evidence.¹

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS (NK)

Our current systems and practices need to be redesigned and redefined if we are to be successful in the future. This Component includes new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing.¹

EMPIRICAL OUTCOMES (EO)

Focuses on the outcomes of structures and processes and how they compare to national benchmark data.

Phelps Hospital Mission

- Improving the health of the community we serve;
- Sustaining an environment of excellence where medical, social and rehabilitative services are delivered proficiently, efficiently and effectively;
- Offering a broad range of preventative, diagnostic and treatment services;
- Educating our community to achieve optimal health outcomes and quality of life;
- Striving to enhance the personal and professional excellence of our medical, nursing, paraprofessional, technical, administrative and support staff;
- Providing care in a safe, modern environment where advanced medical techniques and effective management and planning are coupled with the strong Phelps tradition of caring.

NURSING DEPARTMENT'S MISSION

TO PROVIDE QUALITY CARE TO OUR PATIENTS,
FAMILIES AND COMMUNITY THROUGH
EXCELLENCE IN CULTURE, QUALITY, PRACTICE,
COLLABORATION, INNOVATION AND
EDUCATION.

Nursing Strategic Plan

TRANSFORMATIONAL LEADERSHIP

Do you have a mentor that guides and supports you at Phelps? How has that impacted you?

Was there a time where communication with your CNO, Mary McDermott, your director or your manager influenced change in the hospital and/or your unit?

During the COVID-19 Crisis did your leadership show support?



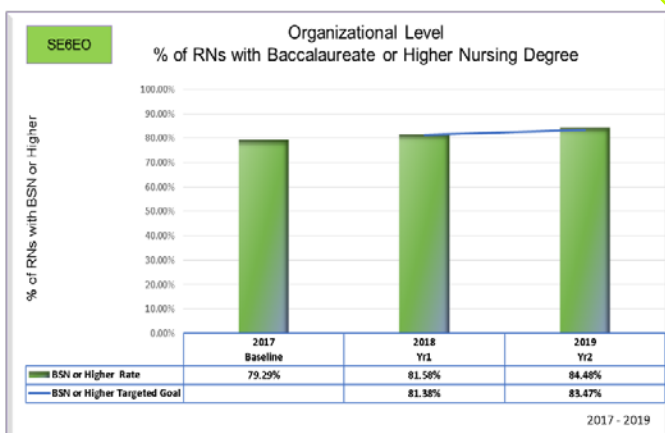
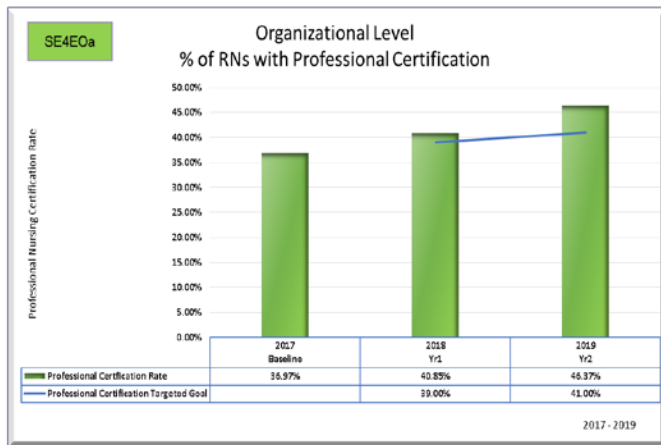
STRUCTURAL EMPOWERMENT

Shared governance day is the third Wednesday of every month. We attempt to have unit representation at every council. The following councils make up our shared governance structure:

- ❖ New Knowledge
- ❖ Professional Practice & Development
- ❖ Quality & Safety
- ❖ CNO Advisory
- ❖ Recruitment, Retention and Recognition
- ❖ Advance Practice Registered Nursing (APRN)

Each council has a: charter, agenda, meeting minutes, attendance, highlights and yearly accomplishments. These documents can be found on the nursing website under shared governance. Please reference pg. 9 to view the shared governance schematic.

Graphs highlighted at Professional Practice that we take pride in:



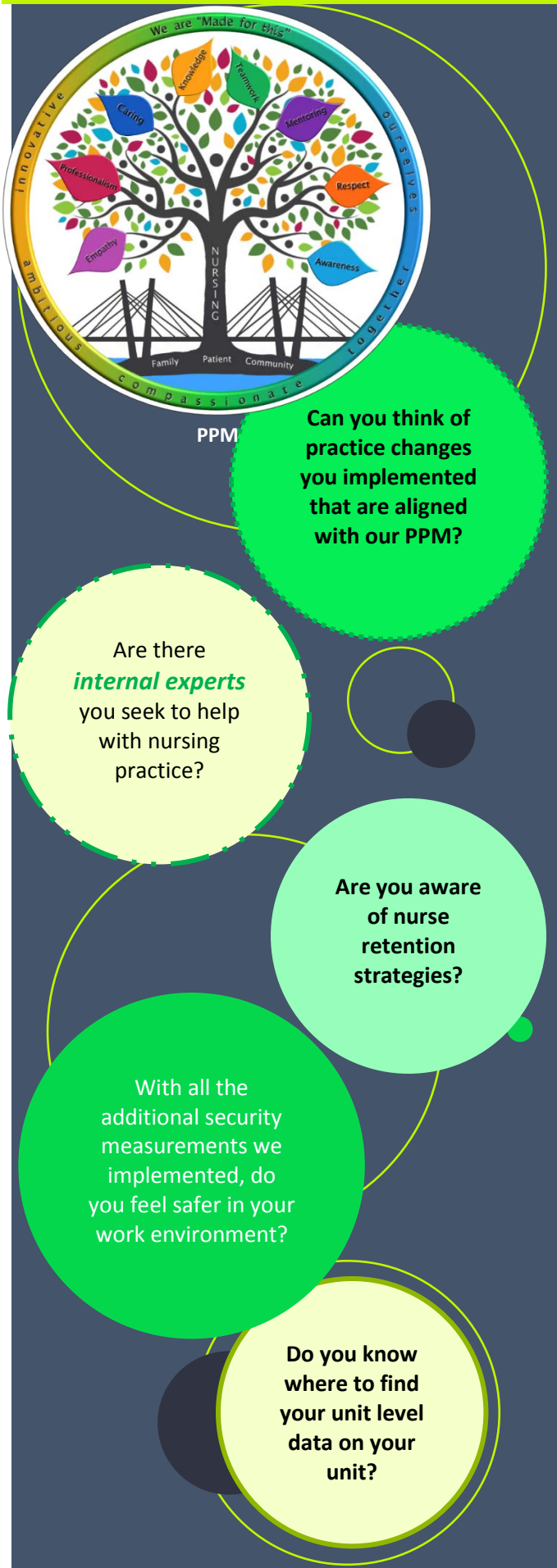
Has the hospital supported you in your volunteer efforts?

Has the hospital recognized you for your contributions in addressing the strategic priorities of the organization?

How has the hospital supported your professional growth?

Opportunities and support for continuing education:

- Onsite accredited live continuing education
- Access to e-learning – CE Direct
- HealthStream
- Longstanding reimbursement for continuing education
- Longstanding support for review courses and exam reimbursement
- Northwell policy; Longstanding certification differential
- Longstanding BSN differential
- Longstanding tuition reimbursement
- Nursing Promise grant
- Success Pays



Magnet "Fab 5"

- 1) RN Satisfaction - 2019 NDNQI RN Survey
please reference EP2EO in the magnet document
Selected
 - Adequacy of Resources & Staffing
 - Fundamentals of Quality Nursing Care
 - Autonomy
 - Professional Development - Access
- 2) Inpatient Clinical Indicators
please reference EP18EO in the magnet document
 - Falls with Injury
 - HAPI Stage 2 & Above
 - CAUTI
 - CLABSI
- 3) Ambulatory Clinical Indicators
please reference EP19EO in the magnet document
 - Falls with Injury
 - Patient Burns
- 4) Inpatient Patient Satisfaction
please reference EP20EO in the magnet document
Selected
 - Patient Engagement
 - Service Recovery
 - Courtesy & Respect
 - Responsiveness
- 5) Ambulatory Patient Satisfaction
please reference EP21EO in the magnet document
Selected
 - Patient Engagement
 - Patient Education
 - Safety
 - Courtesy & Respect



Successful Measurement:

The majority of the units outperform the national database benchmark the majority of the time.

NEW KNOWLEDGE, INNOVATIONS & IMPROVEMENTS

Have you participated in the implementation of evidenced based practice (EBP) on your unit?

INNOVATION!

PLEASE access the nursing website for essential and exciting nursing information! *Click on the heart icon on the Phelps Intranet or*

<https://1065226.site123.me/>

Did you know there is an **on-line Journal Club** in the Nursing Website with several thought provoking articles? Would love to hear from you!

Can you think of a time where you adopted technology that improved a patient outcome?

During COVID-19 Response, did you adopt innovative solutions?

PHELPS HOSPITAL RESEARCH STUDIES

Principal Investigator (PI)

"THE EFFECT OF AN EDUCATIONAL INTERVENTION ON PERIOPERATIVE REGISTERED NURSES KNOWLEDGE, ATTITUDES, BEHAVIORS AND BARRIERS TOWARD PRESSURE INJURY PREVENTION IN SURGICAL PATIENTS"

Co-PI: Catherine McCarthy, Lorrie Presby

"COLORING MANDALAS TO REDUCE ANXIETY IN ADULT PSYCHIATRIC UNIT"

Co-PI: Doreen Wall, Maura Maier

"EVALUATING THE EFFICACY OF A MINDFULNESS-BASED MOBILE APPLICATION ON STRESS REDUCTION AMONGST NURSES"

PI: Candace Huggins

"IMPACT OF EDUCATIONAL PROGRAM ON 'EXPRESSIONS OF HUMANISM' ON CARING BEHAVIORS, PATIENT EXPERIENCE AND QUALITY OUTCOMES"

PI: Elizabeth Wiley

"NORTHWELL-PHELPS IMMERSION IN CLINICAL EMPATHY & REFLECTION- PILOT (NICER-P)"

PI: Candice Johnson

BASED ON COVID-19 RESPONSE

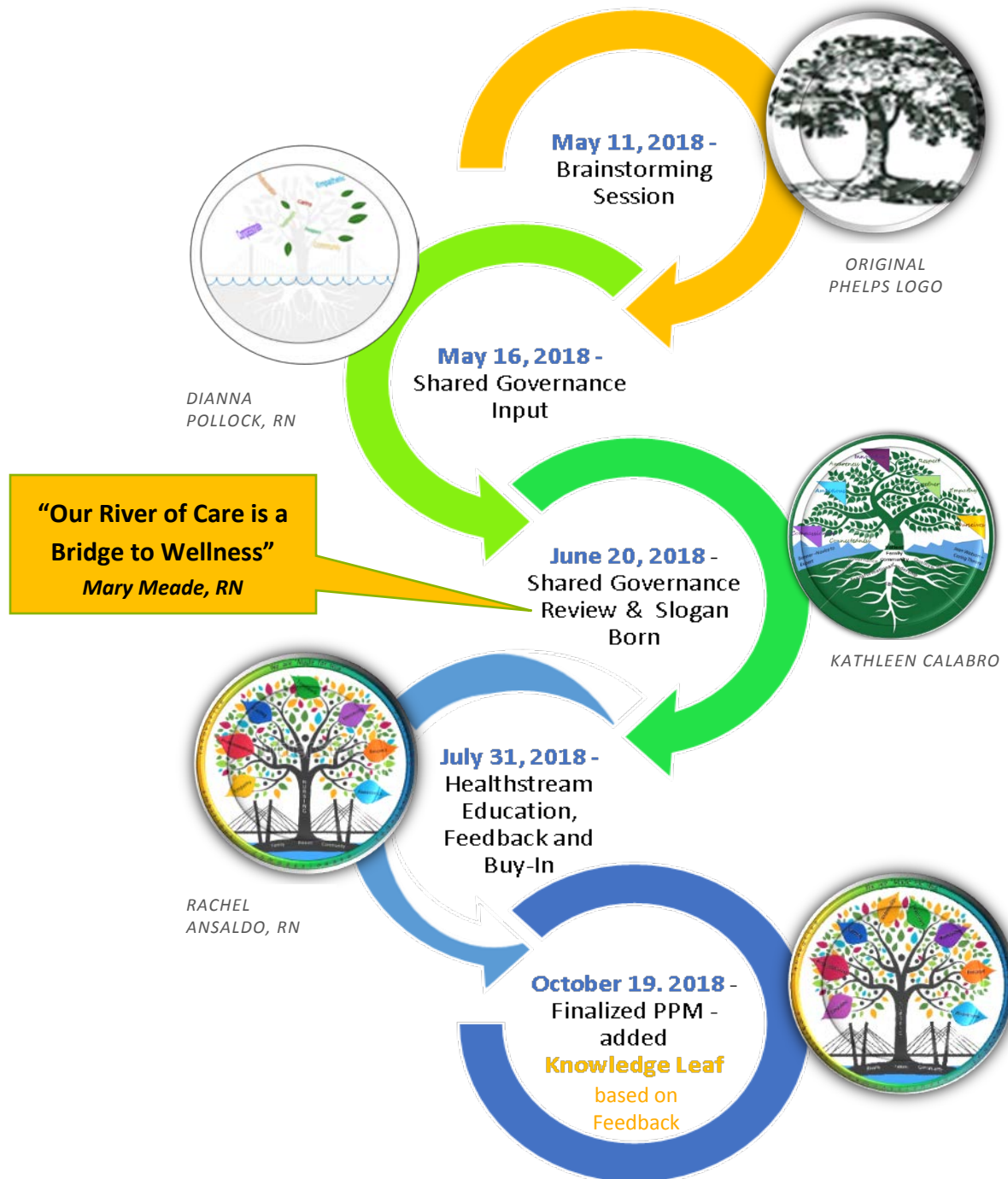
CONVALESCENT PLASMA FOR THE TREATMENT OF PATIENTS WITH COVID -19

HYPERBARIC OXYGEN STUDY - EVALUATING A POSSIBLE TREATMENT FOR COVID PATIENTS

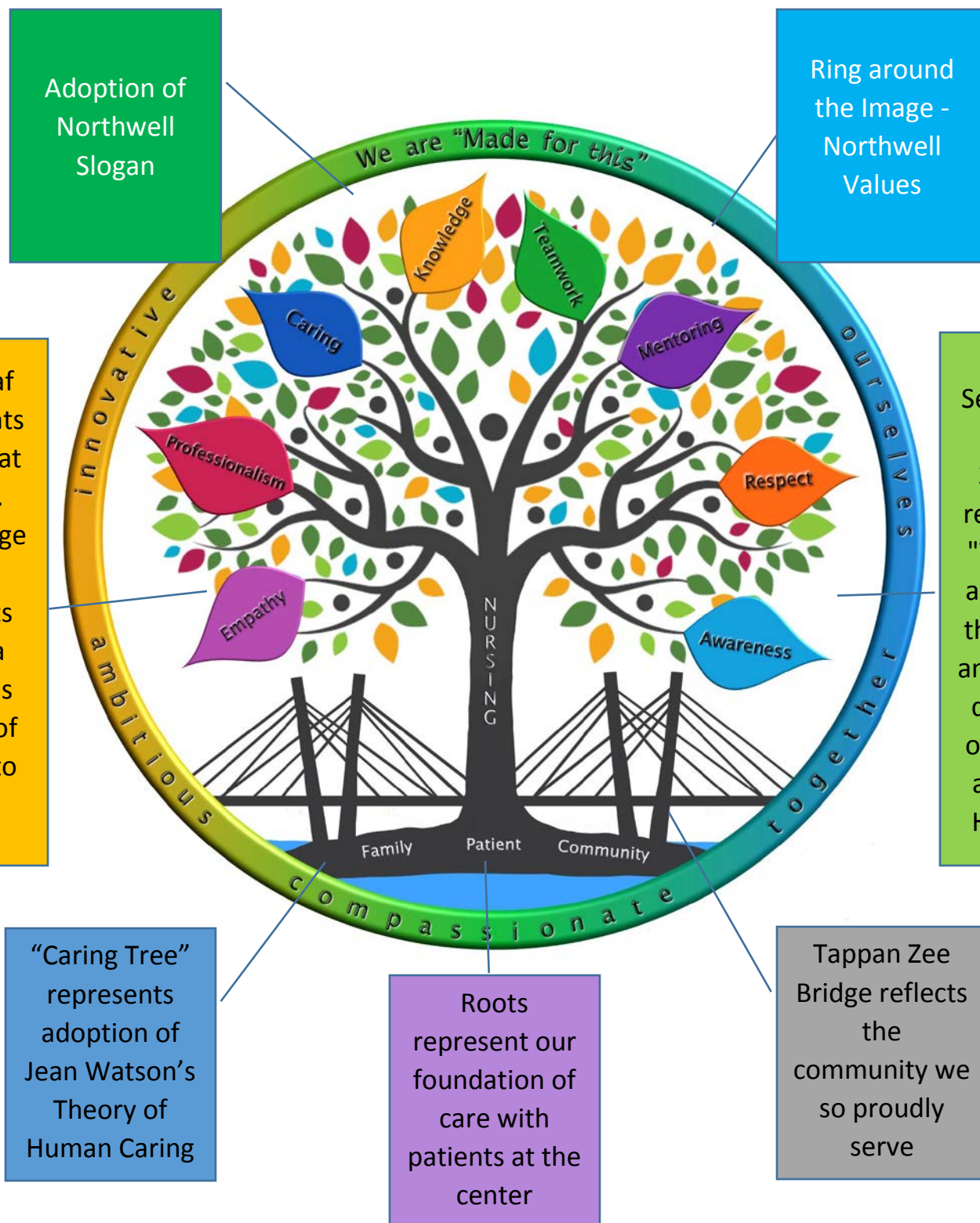
CLINICAL CHARACTERISTICS OF COVID + PATIENTS WITH CANCER

EVOLUTION OF THE PROFESSIONAL PRACTICE MODEL (PPM)

What is a Professional Practice Model (PPM)? The driving force of nursing care. “It is a schematic description of a system, theory, or phenomenon that depicts how nurses practice, collaborate, coordinate, and develop professionally to provide the highest-quality care for people served by the organization (e.g. patients, families, communities).” Professional Practice Models illustrate “the alignment and integration of nursing practice with the mission, vision and values that nursing has adopted”¹

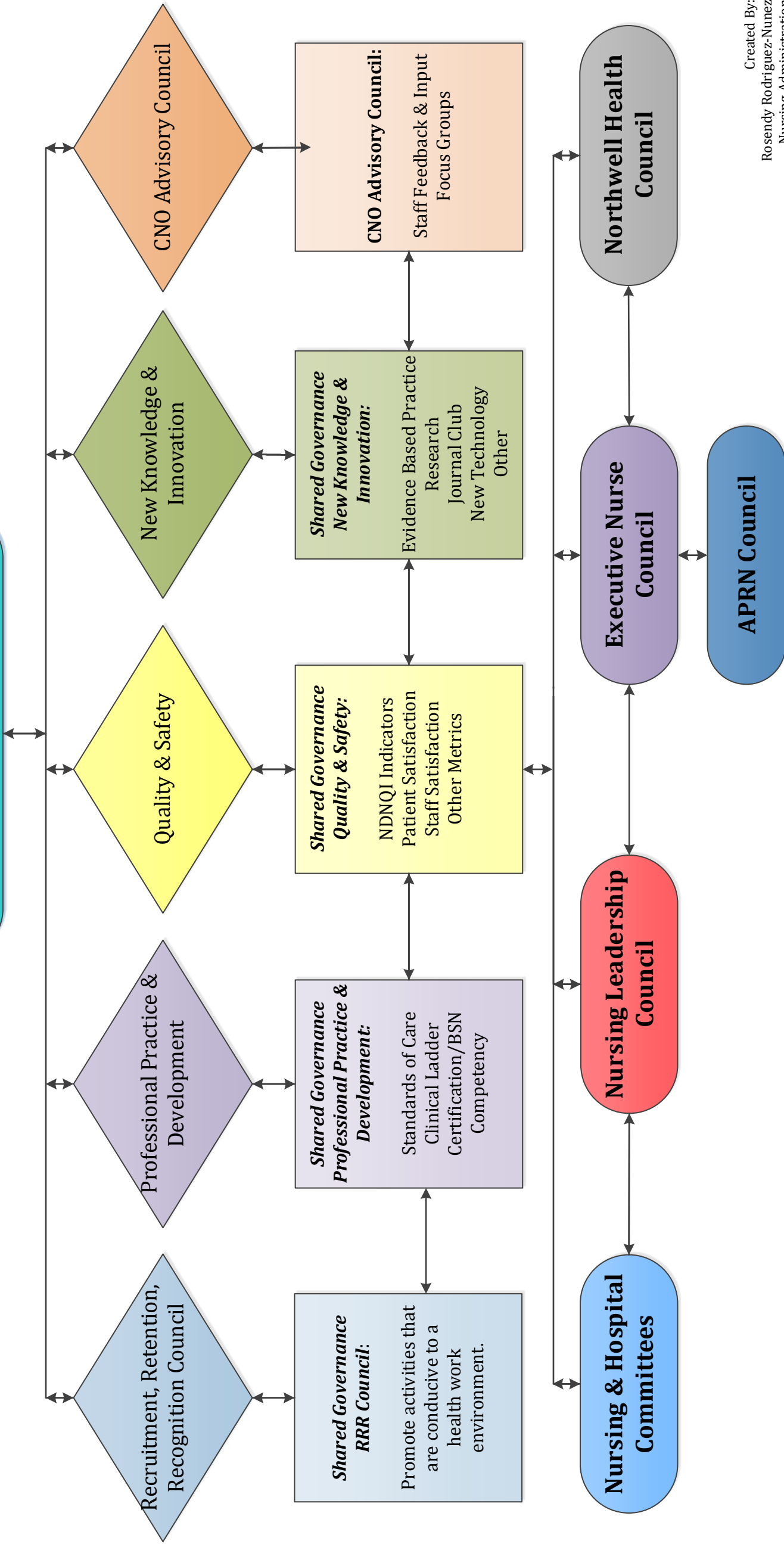


Understanding our Professional Practice Model



Designed by: Rachel Ansaldo, BSN, RN

**Unit Based
Nursing Shared Governance**



NEW KNOWLEDGE AND INNOVATION 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

- 5 Approved IRB studies
 - 2 Completed
 - 3 In progress
- Adoption of Northwell EBP Guidelines
- Nurse Residency Program
- Clinical Scholar Program:
 - Searching and appraising the literature
 - Abstract writing
 - Presentations
 - Internal audiences
 - External audiences



PROFESSIONAL PRACTICE & DEVELOPMENT (PPD) 2019 ANNUAL REPORT

2019

ACCOMPLISHMENTS:

- Ongoing monitoring of:
 - BSN Rates
 - Certification Rates
 - Clinical Career Ladder Advancements
- Individualized TeamSTEPPS®
- Portfolio template created in ED then shared with other areas
- Provided clarity to the Peer feedback tool by brainstorming examples for each value
- “We are made for this video” created by PPD co-chair, Candice Johnson, BSN, RN
- Succession planning
- Standards of care updates



QUALITY AND SAFETY 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

- Input into the unit-specific dashboards with metrics and suggested glossary for better understanding
- Ongoing review of data for:
 - Patient Satisfaction
 - Nurse-sensitive quality indicators
 - Performance improvement
 - Readmission Rate
- Continued report-out to the Performance Improvement Coordinating Group (PICG)
- Sparked idea for the Nursing Phone Interruption Analysis. Findings - peak interruptions during Medication Administration. Brainstorming of possible intervention(s) to be discussed and rolled out in 2020.

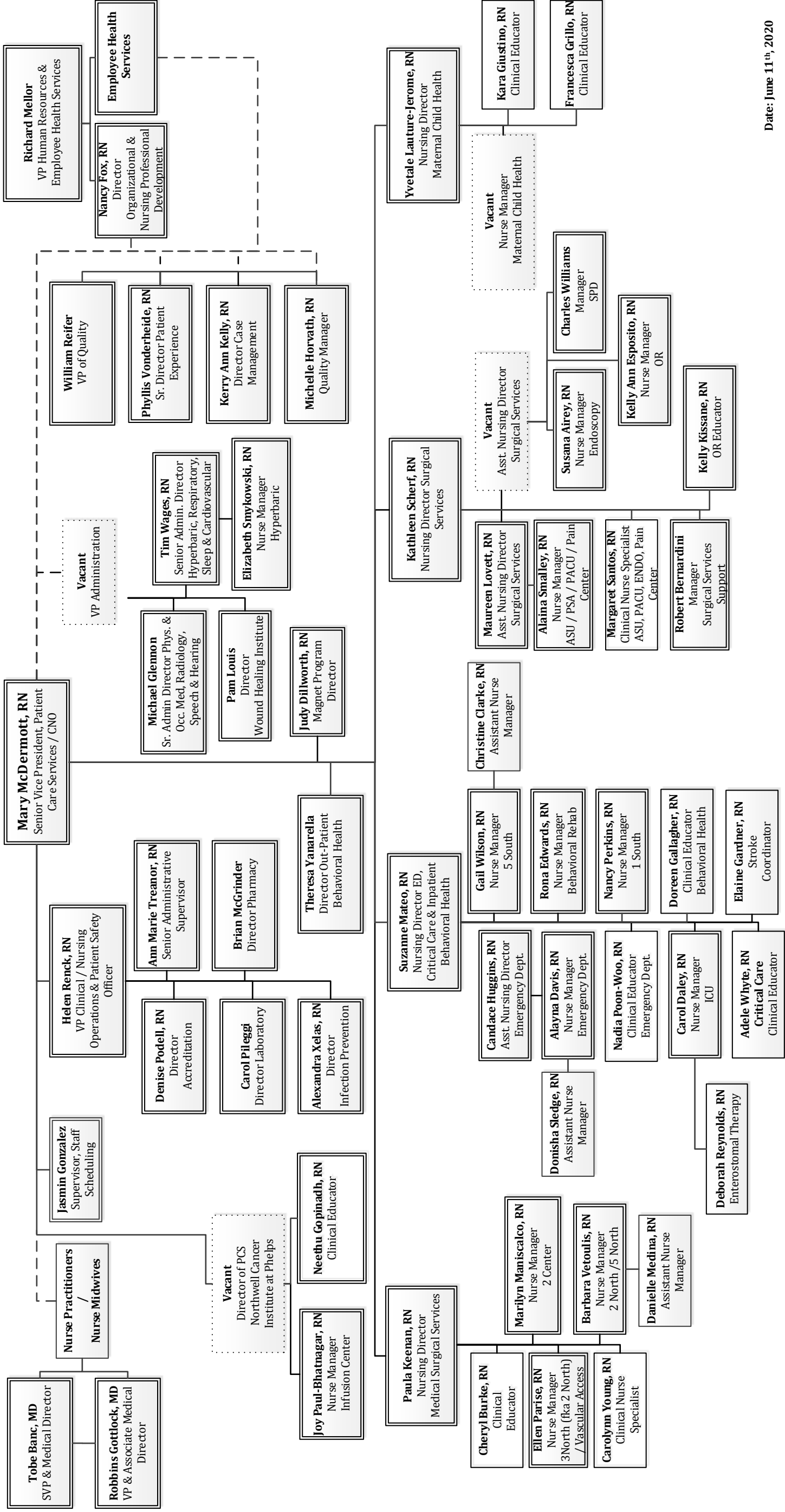


CNO ADVISORY COUNCIL 2019 ANNUAL REPORT

2019 ACCOMPLISHMENTS:

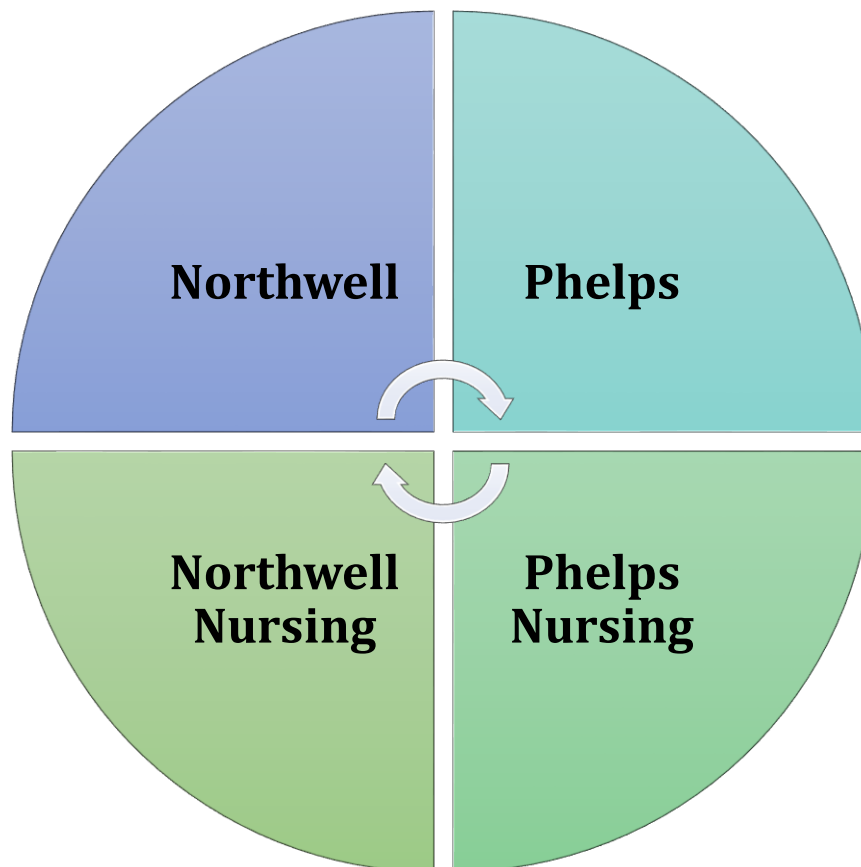
- Continued ability for nurses to escalate and or validate issues on their units with the support of their CNO.
- Staffing needs escalated and addressed on 2 center.
- Input into the new nursing uniforms.
- Provided “out-of-the-box” suggestions for leadership based on the NDNQI RN Satisfaction Survey.
- Suggested for 2020 the RRR Council monitor hospital events in order to better prepare and plan for celebrations.
- 12 hour shifts requested and approved for the Behavioral Rehab Units.





Nursing Strategic Plan

The Nursing Strategic Plan embodies the mission and overarching goals of both the Northwell System and Phelps Hospital. It is reflective of and aligned with Northwell Systems Patient Care Services Strategic Plan and the Hospitals Growth Plan and Strategic Initiatives ([Appendix B1](#)). It is grounded in our Professional Practice Model and the Phelps Hospital Nursing Quality and Safety Plan ([Appendix B2](#)) “to develop and sustain an environment of professional excellence in nursing practice in concert with the Hospital’s mission.”



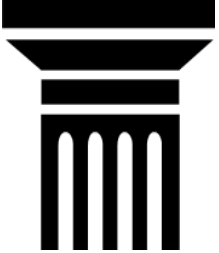
Goals

Quality



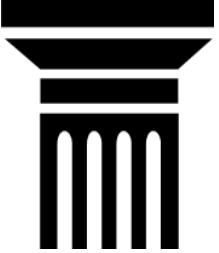
Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the Quality of Care.

People



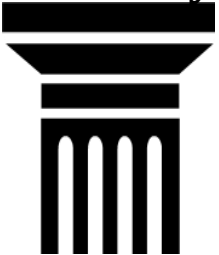
Create an empowering environment for RNs to function at the highest level of their licensure.

Service



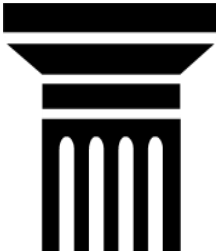
Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.

Efficiency



Develop transformational leaders at all levels who motivate, inspire and challenge their teams to deliver experiences our patients and customers desire.

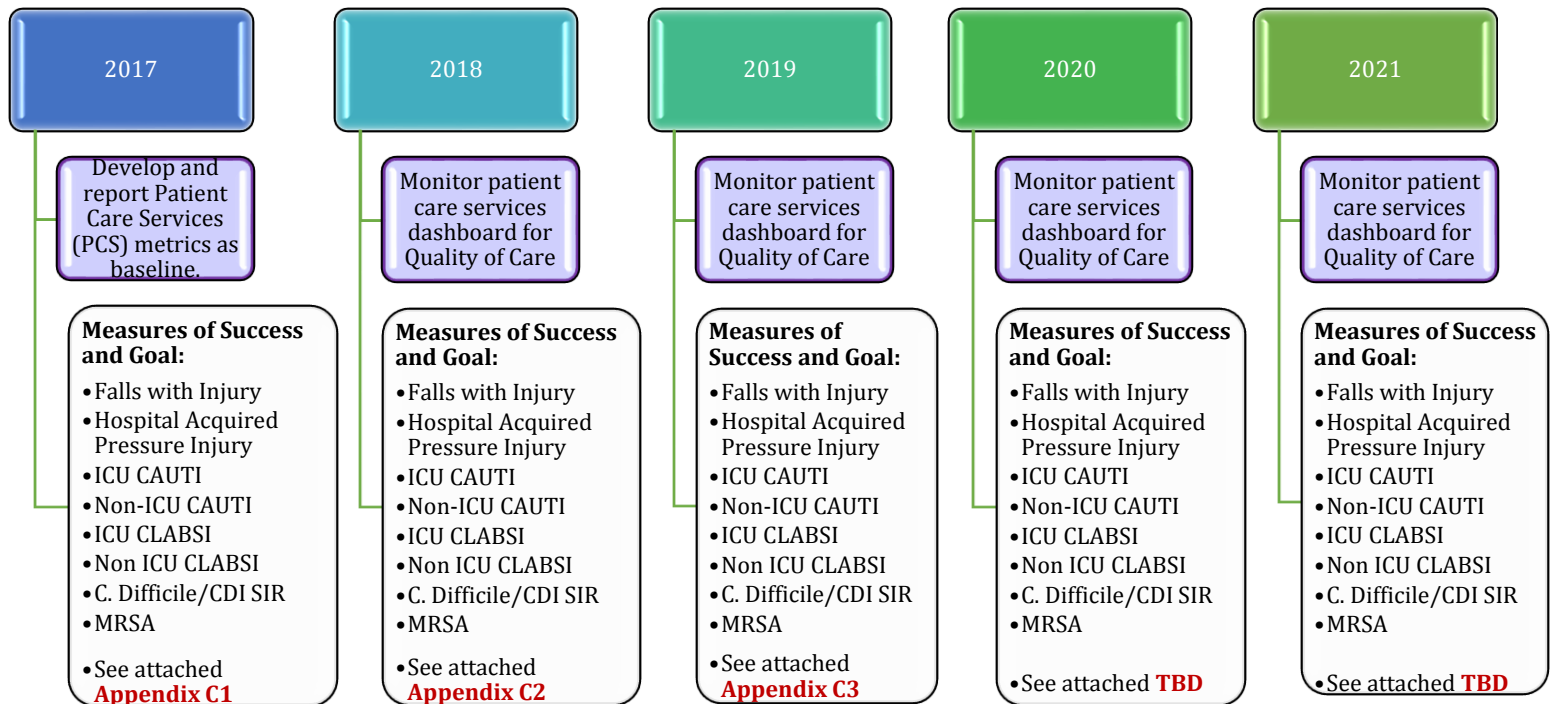
Finance



Optimize the provision of quality care by assuring effective fiscal management.

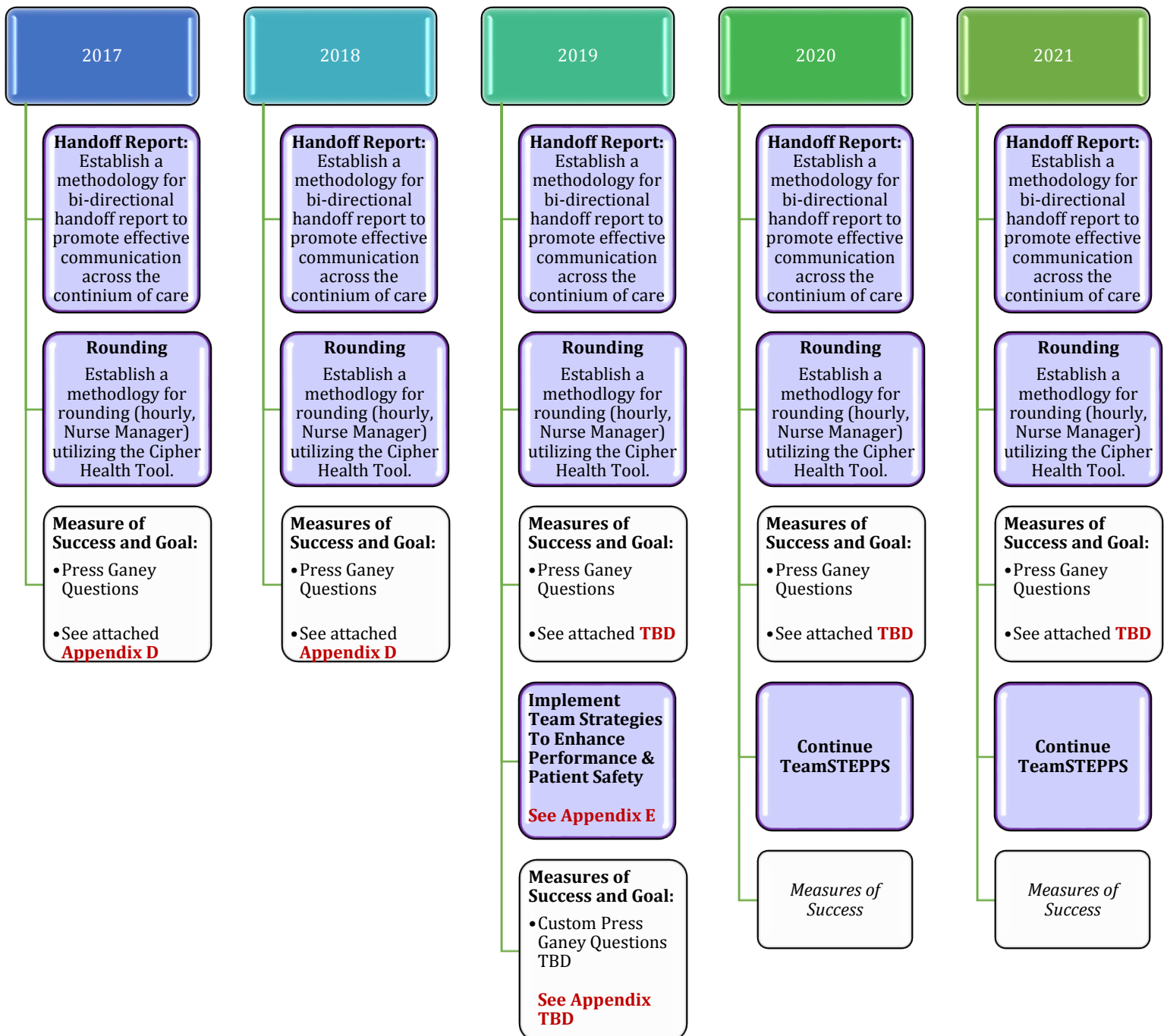
Quality

GOAL: Foster an evolving Culture of Safety through Evidence Based Nursing Practice that cultivates learning and promotes innovation across the continuum of care.



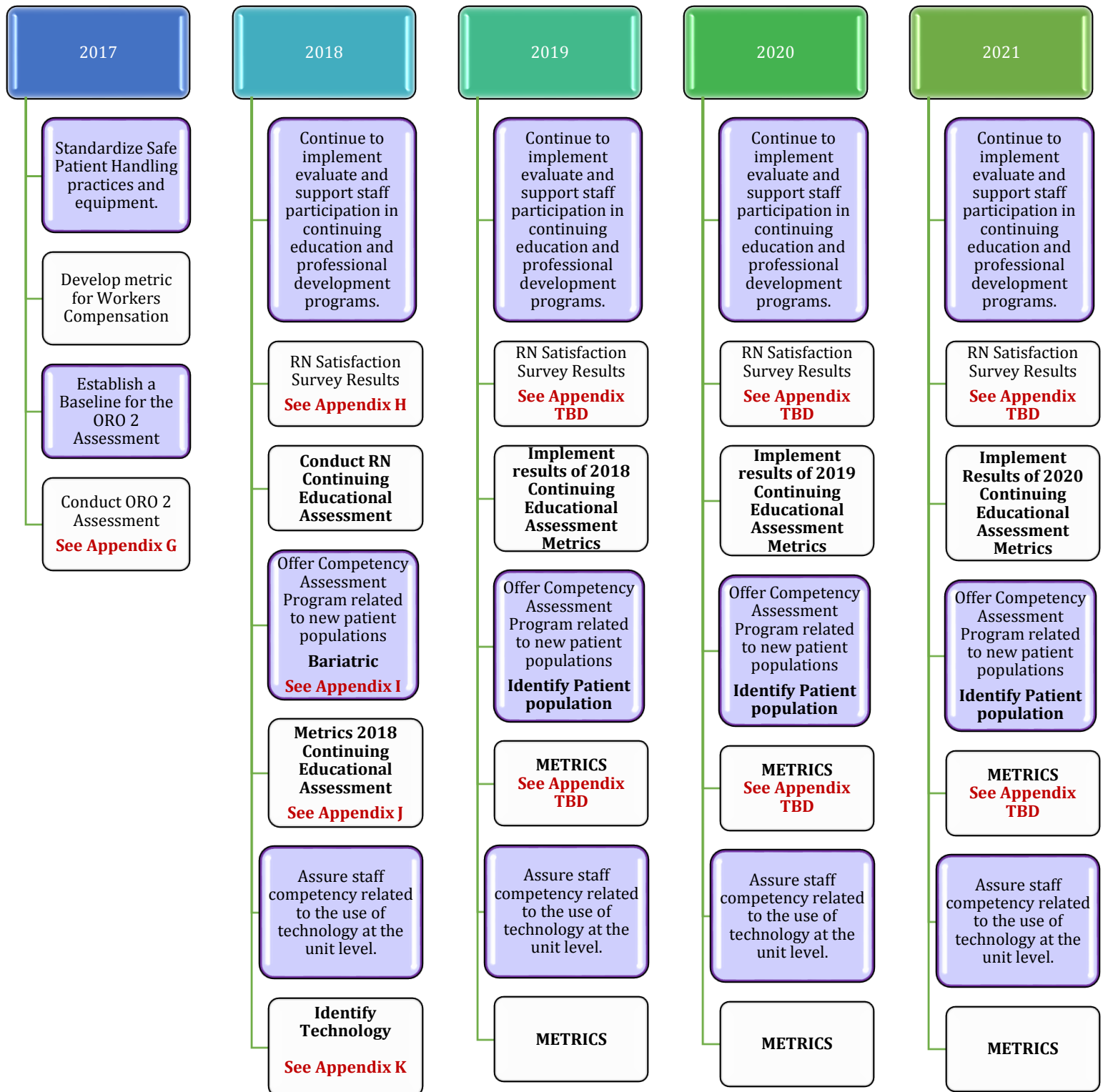
Quality

GOAL: Foster an evolving Culture of Safety through Evidence Based Nursing Practice and nursing research that cultivates learning and promotes innovation across the continuum of care.



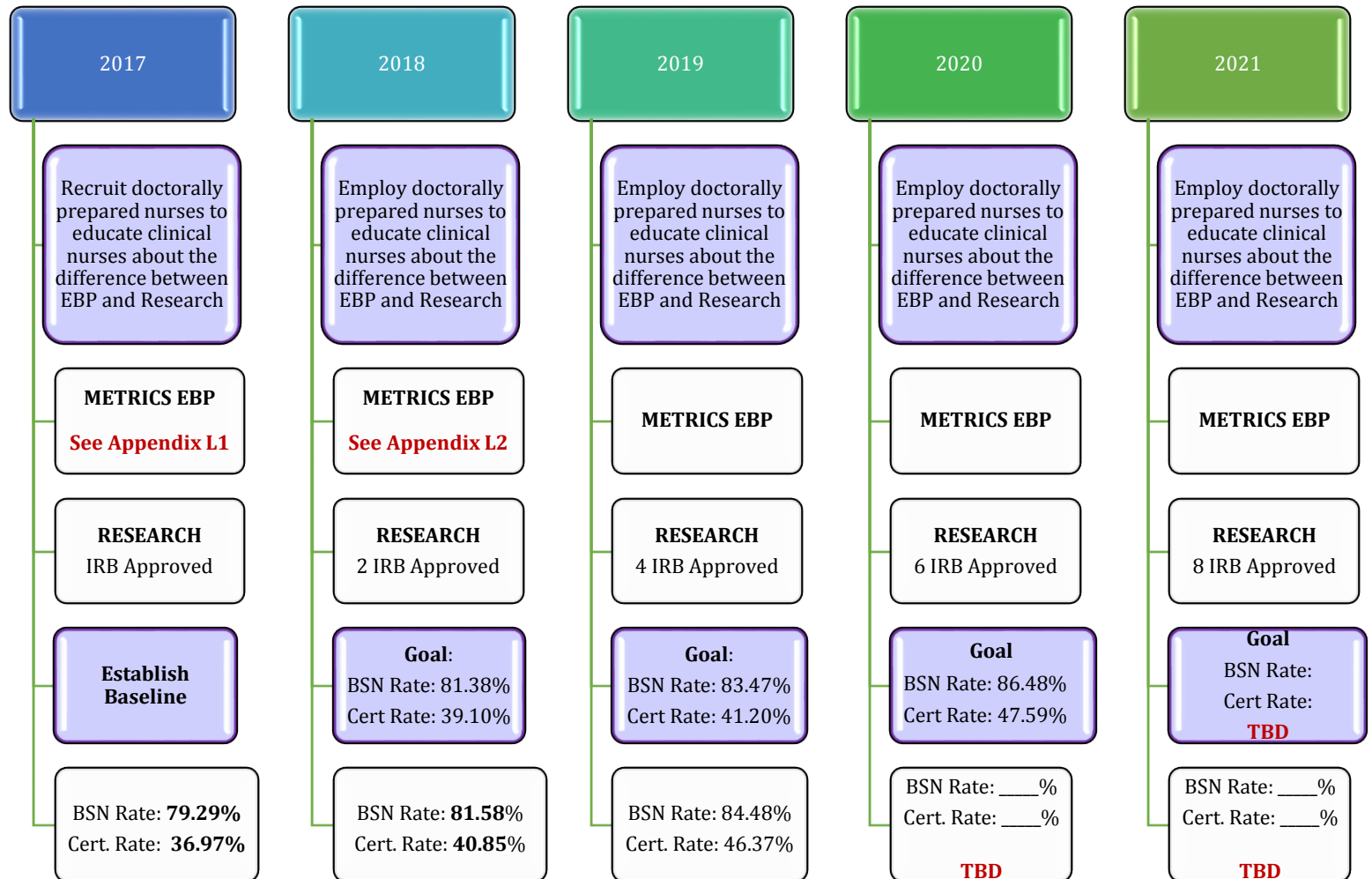
People

GOAL: Create an empowering environment for RNs to function at the highest level of their licensure.



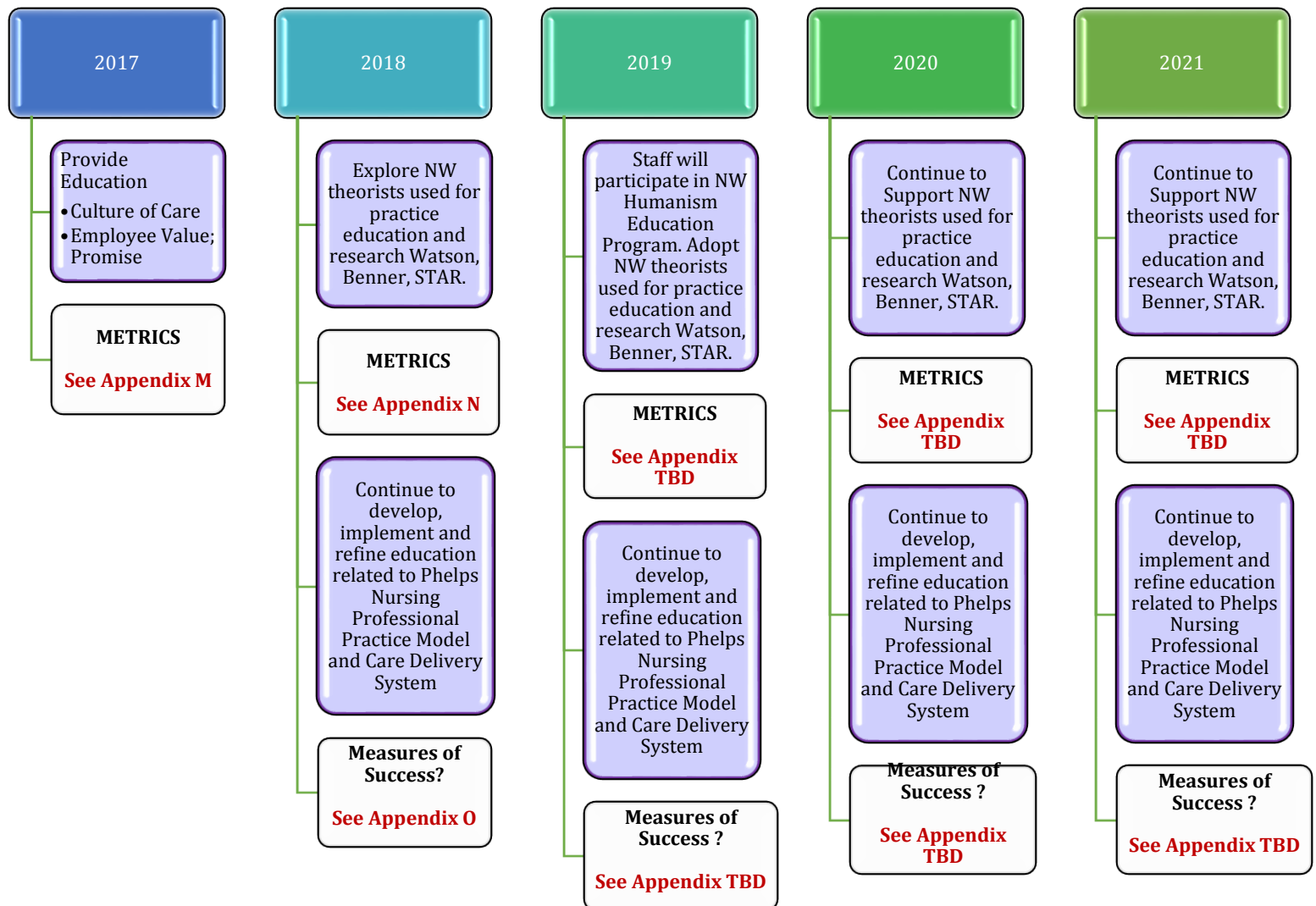
People

GOAL: Create an empowering environment for RNs to function add the highest level to their licensure.



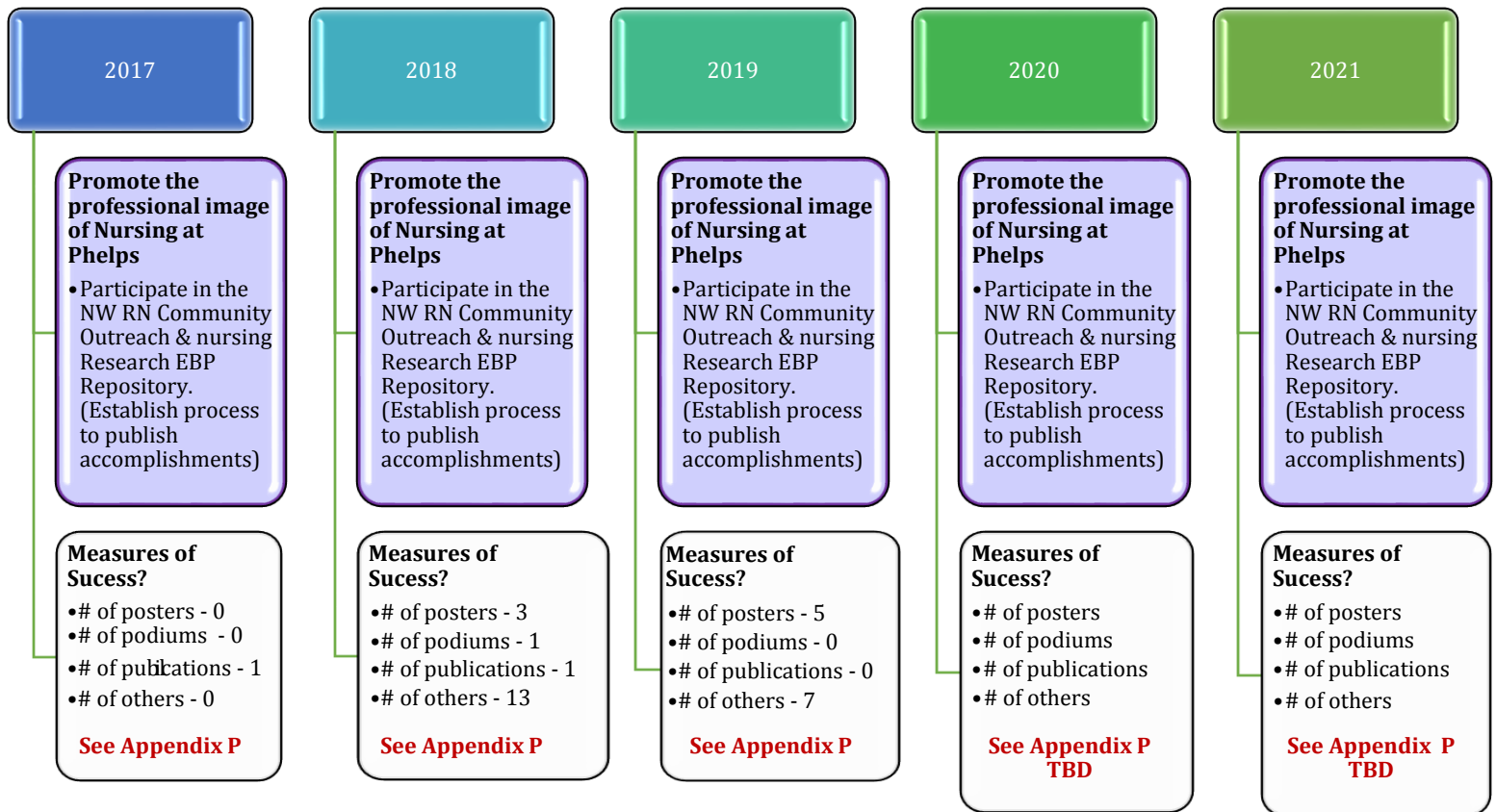
Service

GOAL: Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.



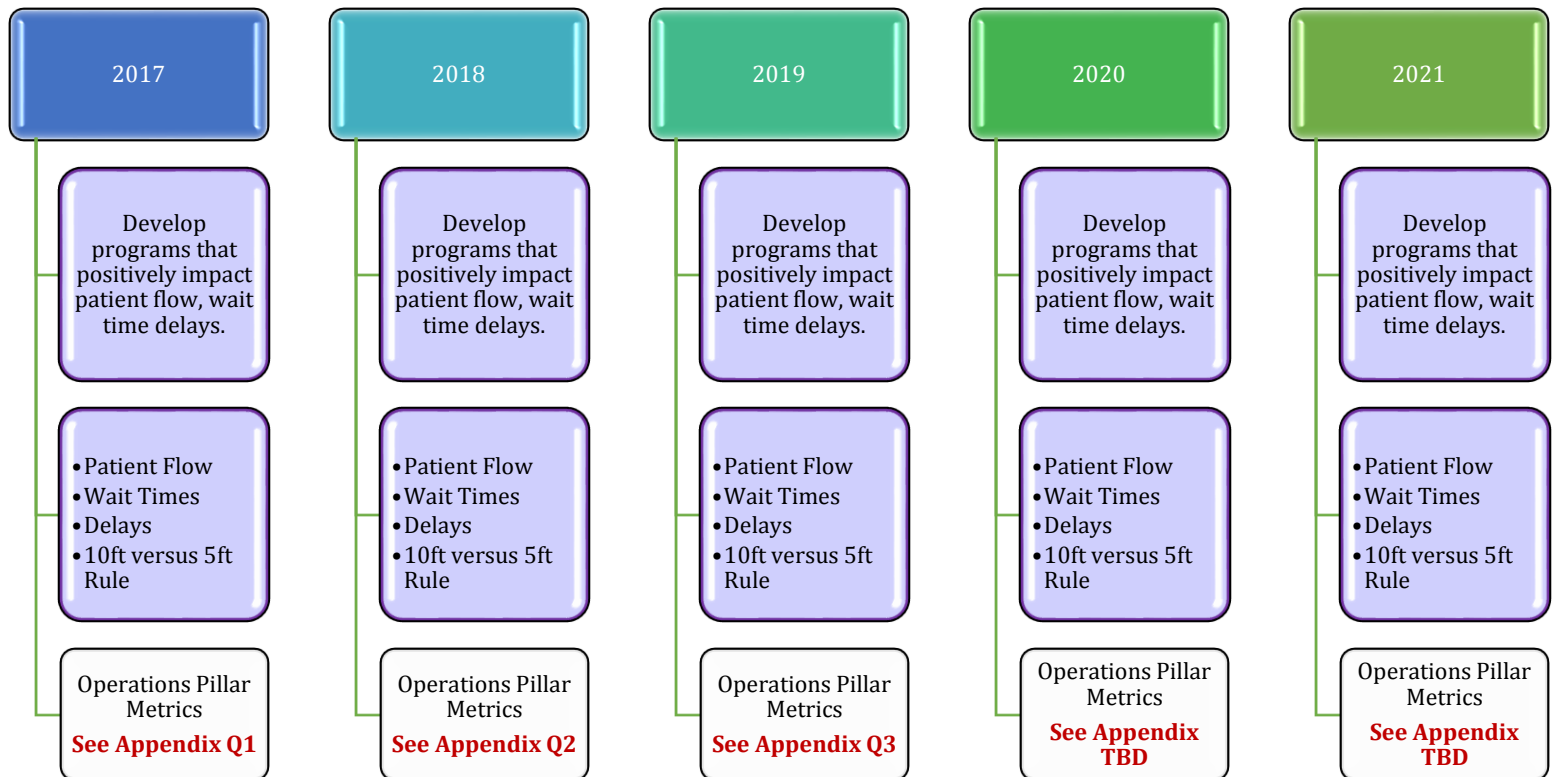
Service

GOAL: Develop and offer programs that heighten work force engagement and generate improved patient experience outcomes.



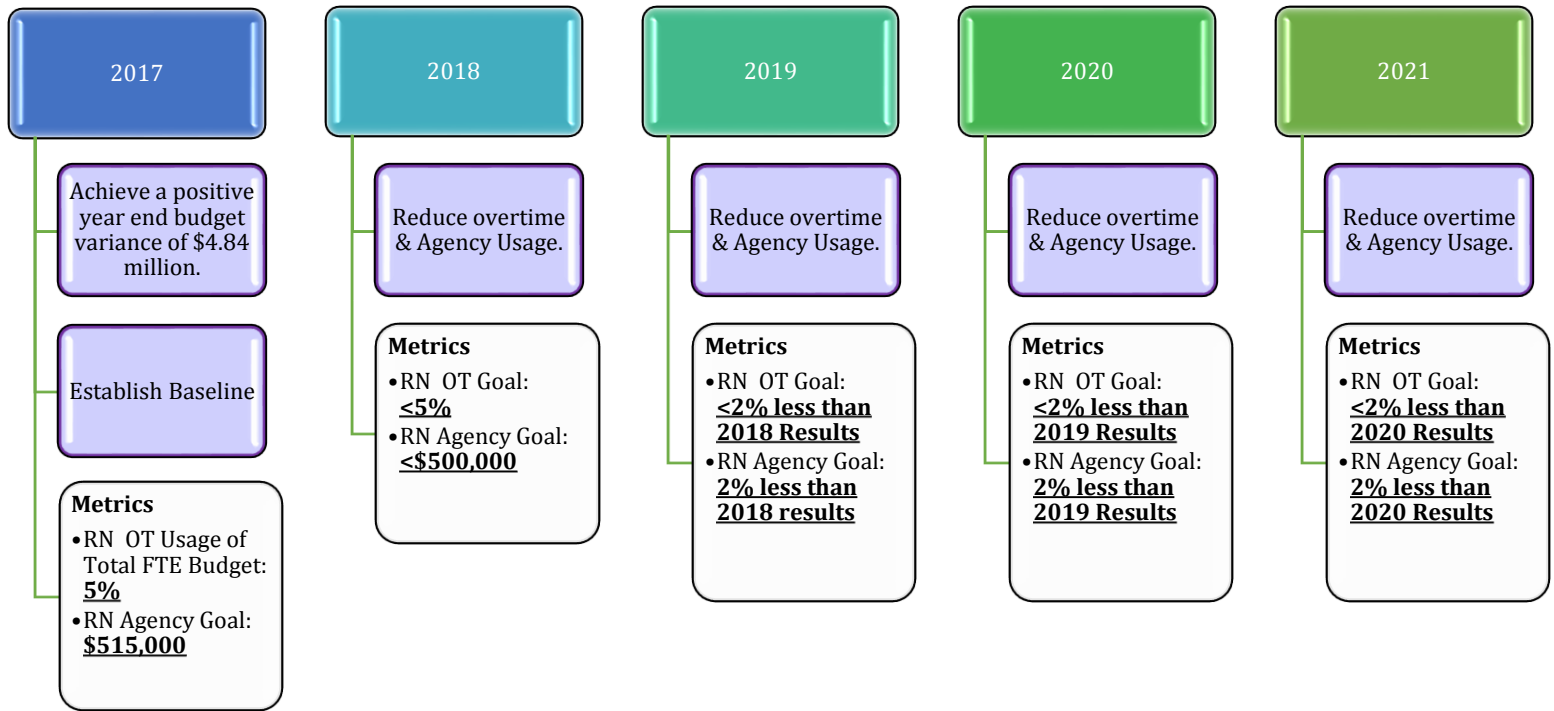
Efficiency

GOAL: Develop transformational leaders at all levels who motivate, inspire and challenge their teams to deliver experiences our patients and customer desire.



Finance

GOAL: Optimize the provision of quality care by assuring effective fiscal management.



STEPS TO PREPARE FOR SITE VISIT

Relish in the accomplishments of your unit as well as the entire hospital:

- ✓ Review this 2020 Magnet® Site Visit Guide for reference
- ✓ Visit the Nursing Website.
- ✓ Become familiar with the Magnet® Documents *
- ✓ Attend any educational activities
- ✓ Review information posted on your unit

Know where your data is displayed on your unit and have an understanding of how to speak to it:

- ✓ NDNQI RN Survey was taken in June 2019. Review your results and action plans
- ✓ Review your unit level dashboard. Understanding of the benchmark - "We outperform the benchmark..."

The Site Visit

- ✓ Appraisers verify the written examples
- ✓ Appraisers meet with:
 - Clinical nurses
 - Interdisciplinary teams
 - Community partners/stakeholders
 - Executive team
- ✓ Validate enculturation of Magnet principles throughout the organization where nursing is practiced

The Site Visit will be held virtually from 8/19/20 - 8/21/20:

- ✓ When you meet a magnet appraiser, introduce yourself, share your credentials, years of experience,... why you love working at Phelps Hospital
- ✓ **IT'S OK TO BRAG!** This is a wonderful opportunity to share what you are most proud of as well as ask questions of the appraisers.

* Two ways to access the Magnet® Documents

1. Direct link to the site:



<https://phelpsmagnet-employees.org/>

- Username: Employees
- Password: PHMagnet20

2. From the Nursing Website,

Click on the About Page and click on

"Phelps Magnet Document"

Helpful Hint - Save the Magnet® Document to your favorites page for easy access



Magnet resources available to you:

- ❖ Judy Dillworth, PhD, RN, CCRN-K, NEA-BC, FCCM, Magnet Program Director, at x3509 or jdillworth@northwell.edu
- ❖ Kathy Calabro, Magnet Data Analyst, at x3508 or kcalabro@northwell.edu

The following pages reflect the innovative stories from your unit or division highlighted in the Magnet® Document. Enjoy and take pride in your accomplishments!



THE SITE VISIT IS YOUR TIME TO ...SHINE!



TL1 - ORGANIZATION MISSION STATEMENT

NURSES CREATE NEW NURSING PRACTICE THAT ALIGNS WITH PHELP'S MISSION STATEMENT

Provide one example, with supporting evidence, of an initiative in nursing practice that is consistent with the organization's mission statement. Provide a copy of the organization's mission statement as one of the supporting documents.

Background

Overview: In 2016, nurse leaders at Phelps Hospital (Phelps) were challenged to find experienced perioperative nurses to fill current and anticipated operating room (OR) nurse positions. The increased demand for OR nurses emerged out of perioperative service line growth, increased surgical patient volume, anticipated nurse retirements and a concern about the increasing stress on the existing staff. The OR nurses were complaining that they were "working for extended periods without breaks," "had difficulty scheduling vacations" due to minimal coverage and were frequently asked "to work overtime." With an inadequate number of qualified nurses to meet the increasing complexity and demand, Kathleen Scherf, MPA, BSN, RN, NEA-BC, CAPA, director, Surgical Services, was concerned that surgeries would be delayed and/or canceled, thereby jeopardizing the hospital's ability to maintain excellence in care and support the hospital's mission. Concurrently, nurse leaders of the Northwell Health System were developing a Perioperative Fellowship Program, using the core curriculum of the Association of periOperative Registered Nurses (AORN) Periop 101 Program as a guide to address the shortage of OR nurses across the Northwell Health System (Northwell).

Nursing Practice Initiative: Before the Perioperative Fellowship Program, nurses were required to have at least one year of OR experience to be considered for hire within the department of Surgical Services at Phelps. The goals of the Perioperative Fellowship Program were to 1) recruit, educate and retain nurses, including new graduate and inexperienced nurses, 2) enhance the personal and professional excellence of the Phelps' staff, with an orientation program specific to the needs of perioperative nursing, 3) sustain an environment of excellence where services are delivered proficiently, efficiently and effectively, and 4)

expand the range and availability of services at Phelps to improve the health of the community we serve.

Mission Statement: Phelps Hospital employees are devoted to the mission of:

- Improving the health of our community through education, partnerships and advocacy – regardless of the ability to pay
- Sustaining an environment of excellence and compassion where medical, social and rehabilitative services are delivered efficiently and effectively
- Educating our community and the professionals that work here to achieve optimal health outcomes and quality of life
- Striving to advance the professional excellence of our healthcare and support professionals, as well as our research initiatives
- Providing quality, comprehensive care in a safe, modern environment where advanced medical techniques and effective management are combined to provide an indispensable community health resource

[TL1-A Community Service Plan 2014-2016 pg. 3](#)

Aligning Nursing Practice with Mission Statement: By creating this new program, Phelps demonstrated a commitment to its mission statement by ensuring the Perioperative area would have an appropriate supply of nurses prepared to deliver care that achieves optimal health outcomes and quality of life. In addition, this program strives to advance the professional excellence of our healthcare and support our nurses.

Designing the Change in Nursing Practice

Evaluating Current Processes: In June 2016, Kathleen met with Lorraine (Lorrie) Presby, BA, RN, CNOR, CRCST, nurse educator, to identify strategies for the recruitment and retention of OR nurses to Phelps. As they were both members of AORN, Kathleen and Lorrie reviewed AORN's Periop 101 curriculum and spoke with their Northwell Health System colleagues to understand how Northwell was addressing this national issue.

Identifying Solutions: Diana Lopez-Zang, RN, CNOR, director, System Perioperative Education, Northwell Health, offered to meet with Lorrie and Kathleen regarding the inclusion of Phelps and Northern Westchester in Northwell Health's Perioperative Fellowship Program. Its first session had begun in May 2016, with a plan to have four fellowships per year. This program incorporated the 25 modules from AORN's Periop 101 course and 25 additional modules created by the Northwell Health System into an intensive 6-week structured program of blended (didactic and simulation) learning. The program examined the multiple roles of the perioperative nurse and the phases of the perioperative nursing process. Experiential learning occurred at the individual hospital sites for the remainder of the fellowship period.

Lorrie and Kathleen were interested in implementing this program at Phelps. They agreed that to ensure a successful program for the “OR fellows,” based on the number of available preceptors, a maximum of four RNs could realistically participate in Northwell Health’s Perioperative Fellowship Program at one time. Lorrie and Kathleen decided to coordinate one Perioperative Fellowship cohort per year at Phelps to ensure the OR fellows were provided with an effective, comprehensive education with the appropriate support. Lorrie remained in contact with Diana to secure “seats” or positions for Phelps’ nurses in Northwell Health’s Perioperative Fellowship Program. On July 21, 2016, Kathleen emailed Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer, that Phelps had four “seats” in the program. [TL1-B Scherf-McDermott Emails July 2016](#)

Customizing the Program: Northwell’s Perioperative Fellowship is a year-long program that helps new graduate nurses attain and maintain the knowledge, skills and attitudes needed to provide safe care to patients and families and successfully navigate through the first year as a registered nurse in the OR. The program requires on-site classroom education at Northwell, as well as completion of online learning modules maintained in iLearn, the Northwell intranet educational site. Lorrie developed an individualized blended learning plan/schedule for the OR fellows at Phelps. Lorrie facilitated the OR fellows’ participation in various workshops and simulations at Northwell Health while incorporating didactic classroom sessions and guided OR experiences at Phelps, tailored to the lessons learned. [TL1-C Phelps Periop Fellowship Educator Grid Nov 2016](#)

Kathleen and Lorrie modified the eligibility criteria to include new RN graduates and experienced nurses without OR experience interested in the OR. Kathleen and Lorrie formed an OR selection team to assess the prospective nurse candidate’s attention to detail, ability to stay focused under stress and organizational skills. The OR selection team designed questions to assess the applicant’s potential to succeed in Northwell Health’s Perioperative Fellowship Program and ultimately as members of the Phelps Perioperative Team.

Implementing New Nursing Practice: On October 31, 2016, the Phelps OR Fellowship Program was launched as a one-year program with specialized education in intraoperative care through a six-week, didactic, clinical observation, hands-on workshop portion followed by 46 weeks of supervised (preceptor-guided) OR education at Phelps. Since its start, there have been four cohorts of OR fellows in the Phelps OR Fellowship Program. [TL1-D Newsletter Article in Notebook 012320](#)



TL7 - SUCCESSION PLANNING

EXAMPLE 1: SUCCESSION PLANNING ACTIVITIES FOR THE NURSE MANAGER ROLE

Provide one example, with supporting evidence, of succession-planning activities for the Nurse Manager role.

Background

Nurse: Rachel Ansaldo, BSN, RN, clinical nurse, Ambulatory Surgery Unit

In 2012, Rachel began her career at Phelps Hospital (Phelps) as a medical/surgical technician in the Intensive Care Unit (ICU). During this time, she was also matriculating in the baccalaureate program for nursing at Dominican College. She graduated with her Bachelor of Science degree in nursing in 2013 and continued working as a registered nurse in the ICU. In her quest to broaden her skills, Rachel transferred to the Outpatient Infusion Center in January 2018. One year later, she transferred to the Ambulatory Surgery Unit (ASU). It was while interviewing for this position that her goals of following the leadership track actually came to light.

Succession-Planning Activities

Identifying Nurse with Potential: The job description for the Nurse Manager role requires the candidate to have a Bachelor of Science in Nursing, at least 3 years of experience in a clinical role including one year in a supervisory or leadership role, Basic Life Support certification and a current New York State license as a Registered Nurse. There are certain skills that a candidate should also be able to demonstrate: Knowledge of nursing practice principles and techniques, sound clinical skills and understanding of acute care standards of practice, participation on shared governance councils and/or committees and be able to demonstrate knowledge of New York State Department of Health regulation and Joint Commission accreditation. The nurse manager duties and responsibilities include patient and staff safety, performance improvement/quality assurance, environment of care standards, communication, collaboration, relationship management, finance oversight, operational

oversight, staff development and other leadership responsibilities. [TL7-A Nurse Manager Job Description](#)

In early 2019, Rachel began to prepare herself for a leadership role. As a clinical nurse, Rachel took the initiative to be the co-chair of the Shared Governance Quality and Safety Council. She also took non-mandated courses offered by Phelps to enhance her understanding of the current trends in nursing (e.g. Nursing Trends, Nursing Advance).

Offering Education: In September 2018, Rachel participated in the Nursing Leadership Basics (3-day course) offered through the Learning Institute at Northwell. This course provided education about the role of a nurse leader, skills inherent in the nurse leader role, resources that are available to the nurse leader and education regarding transitioning to the role of nurse leader. [TL7-B Rachel's transcript with Nursing Leadership Basics Course 2018](#)

Offering Networking Opportunities: On March 26 and 27, 2019, Rachel attended the Northwell Health 2019 Leadership Retreat at the invitation of Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services, and chief nursing officer. There, Rachel had an opportunity to network with other leaders to discuss topics such as leadership competencies, the mentor-mentee model, humanism and therapeutic communication, Northwell's "quiet at night" initiative and transitions of care. [TL7-C Article in Northwell Notebook 041819 pg. 3](#) and [TL-D Rachel's transcript with Leadership Retreat 2019](#)

Results

Presently, Rachel's goals include plans to become certified in her specialty when she meets the clinical requirement to do so. She continues to look for any opportunity to learn and make a difference. With the support of Maureen Lovett, BSN, RN, assistant director of Nursing, Surgical Services, and Kathleen Scherf, MPA, BSN, RN, NEA-BC, CAPA, director of nursing, Surgical Services, Rachel plans to continue advancing up the clinical ladder and to ultimately accomplish her goal of acquiring a nurse manager leadership position at Phelps.

EXAMPLE 2: SUCCESSION PLANNING ACTIVITIES FOR THE NURSE DIRECTOR ROLE

Provide one example, with supporting evidence of succession planning activities for the AVP/nurse director role.

Background

Nurse: Shirley Beauvais, MSN, RN, CCRN, assistant director, Endoscopy, Sterile Processing Department (SPD) and Operating Room (OR)

Succession-Planning Activities

Identifying Nurse with Potential: In conjunction with Northwell Health System, Phelps Hospital (Phelps) uses the 9-Box Assessment grid for succession planning purposes. The process involves comparing the individual's performance in their current role to their potential for a leadership role. The final assessment is completed by a team of nurse leaders and members of the Human Resources department. Because the assessment team had multiple interactions on different levels with the nurse, meaningful discussions regarding his or her leadership potential occur.

At completion of the 9-box assessment, the assessment team identified Shirley Beauvais, MSN, RN, CCRN, assistant director, Endoscopy, SPD and OR, as a "rising star" with high potential. Shirley has been employed at Phelps since 2016, when she was originally responsible for Endoscopy, SPD and the Pain Center; her responsibilities changed in April 2018. Her strengths were identified as having the ability to motivate and inspire others, adapt, communicate and provide feedback, support her team and be a role model as a leader.

In August 2018, Kathleen Scherf, MPA, BSN, RN, NEA-BC, CAPA, Director of Nursing Surgical Services, met with Shirley to discuss her career goals and information from the 9-Box Assessment. Shirley expressed interest in nursing leadership and administration. The next role for Shirley, as part of the succession plan was the Director role. To prepare Shirley for the nurse director role, the assessment team recommended formal and informal learning experiences, on-the-job experiences and opportunities for Shirley to network and learn through others. The assessment team felt that, with continued development, Shirley would be ready to transition into a director role within one year. [TL7-E Beauvais Assessment and Development Plan August 2018.](#)

Supporting Formal Learning Experiences: Shirley had taken courses offered by Northwell Health for leadership development, as defined in her professional development plan. In keeping with the core behaviors her plan identifies, "Developing Self" and "Execution," Shirley was encouraged to attend various programs to enhance her leadership skills:

- Lean/Six Sigma: Shirley was encouraged by Kathleen to take courses in Six Sigma, which provide a rigorous approach to ensuring quality. Six Sigma extends beyond the Quality department and is foundational for creating a culture of excellence throughout the organization. On March 13, 2019, Shirley completed Six Sigma courses offered by the Northwell Health System. This course provided an overview of improvement science methodologies. It focused on how leaders can use these tools to solve their operational performance issues. Later, on May 3, 2019, Shirley completed the Six

Sigma White Belt course, the next step in the Six Sigma process.

- **Leadership Retreat:** On March 26 and 27, 2019, Shirley was invited by Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief Nursing officer, to attend the Northwell Health Leadership Retreat: Transforming Ideas into Action. This was a two-day conference for which each Northwell facility is represented by nurses with strong leadership potential.
- **Project Management Course:** On March 29, 2019, Shirley completed the course Introduction to Project Management, which is offered by Northwell Health System. This course focused on how leaders can use project management skills to optimize the rollout of large initiatives within their respective organizations. [TL7-F Shirley's Transcript with Six Sigma Courses 031319,032919 & 050319](#)

Offering On-the-Job Experiences. In April, 2019, Kathleen delegated the implementation of a computerized documentation project for the Endoscopy unit to Shirley, as an on-the-job experience. Endoscopy, was one of the remaining areas to transition from paper to electronic documentation. Shirley worked with clinical nurses and members of the Information Technology (IT) department. Shirley led this initiative from April 2019 until its completion September 2019, when computerized nursing documentation went live in the Endoscopy unit.

As the Assistant Director, Shirley was provided with many on-the-job experiences as part of her succession plan. Shirley attended meetings with Kathleen (e.g. OR operations, nursing related meetings) and in place of Kathleen, when she was away. Kathleen transferred her responsibilities to Shirley and communicated to others that Shirley was in charge through her out of office email and voicemail messages. Within a period of six months, Shirley attended various nursing, administrative and construction meetings and addressed staff and/or physician concerns, when covering for Kathleen. [TL7-G Out of Office Message October 2019](#)

Learning through Others: Shirley is also a PhD student, and has taken courses in both qualitative and quantitative research, healthcare policy and strategic planning. Shirley readily applies her new knowledge to practice, which has been valuable for her continued growth and an asset to Phelps. [TL7-H PhD Coursework Transcript](#)

EXAMPLE 3: SUCCESSION PLANNING FOR A CNO

Provide one example, with supporting evidence, of succession planning activities for the CNO role.

Background

Nurse: Helen Renck, MSN, RN, CJCP, CPPS, Clinical Operations, Administration

Identifying Nurse with Potential: In March 2015, Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice-president, Patient Care Services and chief nursing officer recruited Helen Renck, MSN, RN, CJCP, CPPS, Clinical Operations, Administration, as the assistant vice-president of Clinical Operations and patient safety officer at Phelps Hospital. Helen was responsible for the Radiology, Cardiovascular, Laboratory and Pharmacy departments, and the nursing supervisors. In May 2016, Mary promoted Helen to vice president of Clinical Operations and patient safety officer. Helen's scope of responsibility continued to include the nursing supervisors, Laboratory and Pharmacy departments, with the added responsibilities of Standards and Accreditation and Infection Control.

Succession-Planning Activities

Job Progression: With the intention of grooming Helen as a potential chief nursing officer, Mary recognized the importance of exposing Helen to as many leadership opportunities as possible, as well as the need to build her resume. For example, the chief nursing officer's job description includes several requirements:

- Master's degree in nursing (which Helen already had)
- Minimum of 10 years of senior management experience
- Nurse Executive-Board Certified (NE-BC) or Nurse Executive Advanced-Board Certified (NEA-BC) certification
- Excellent problem solving, analytical, verbal and written communication skills required (using quantitative analysis and critical thinking). Ability to actively listen to ideas and concerns and respond in an appropriate manner.
- Excellent organizational skills and the ability to plan and meet deadlines.
- Promotes positive communication. [TL7-I CNO Job Description](#)

Offering Networking Opportunities: In July 2018, Mary requested that Helen attend the August 2018 Medical Board meeting in Mary's place. Dr. Zimmerman, president of the Medical Board, agreed that Helen should attend to represent Nursing for Mary. [TL7-J McDermott-Zimmerman Emails 072117](#)

Offering Leadership Opportunities: In August 2018, Helen covered for Mary during her vacation. During this time, there was an unannounced CMS survey at Phelps Hospital. While Helen was overseeing Nursing operations, she adeptly responded to the surveyors' requests. Helen planned and coordinated the daily activities and ensured a successful site visit. [TL7-K McDermott Emails 081718](#)

Offering Education: In September 2018, with Mary's encouragement, Helen attended The Joint Commission's "Hospital Executive Briefing" continuing education course. During this course, Helen learned the most current information available regarding the standards and accreditation process—an important component of the CNO role. [TL7-L TJC Certificate 092118](#)

In December 2018, Mary and Daniel (Dan) Blum, president and CEO, nominated Helen to

participate in Phelps' new management development program, LeadNEXT, offered through the Northwell Health Center for Learning. This customizable program was specifically designed to help current leaders cultivate their coaching, role-modeling and relationship-building skills. On December 17, 2018, Dan informed Helen that she was accepted to the program, with the start date of February 6, 2019. Helen required a three month leave of absence from January to March 2019, so her nomination to the LeadNEXT program was deferred to 2020. [TL7-M Helen is accepted to leadNEXT 2019-2020](#)

6 Pages



SE4EO - PROFESSIONAL NURSING CERTIFICATION

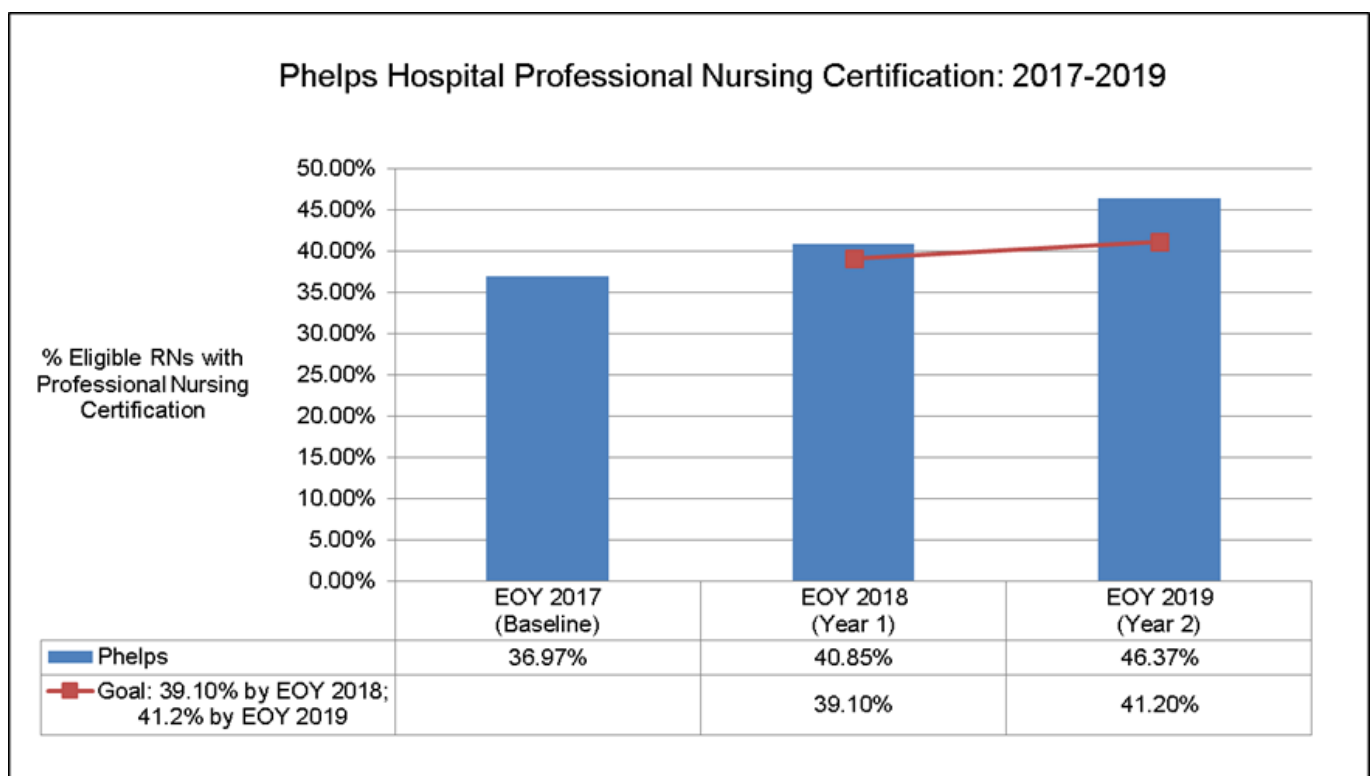
EXAMPLE 1: PHELPS HOSPITAL MET TARGETED CERTIFICATION GOAL

Provide one example, with supporting evidence, demonstrating nursing has met a targeted goal at the organizational level for improvement in professional nursing certification.

Goal: Increase the percentage of eligible Phelps Hospital (Phelps) RNs with professional nursing certification to 39.10% by the end of 2018, and to 41.20% by the end of 2019. This goal included both clinical nurses and those in leadership roles.

Result: Phelps Hospital exceeded its goal to increase the percentage of eligible registered nurses with professional nursing certification to 40.85% by the end of 2018, and to 46.37% by the end of 2019.

SE4EO - Graph 1 - Phelps Hospital Professional Nursing Certification: 2017-2019



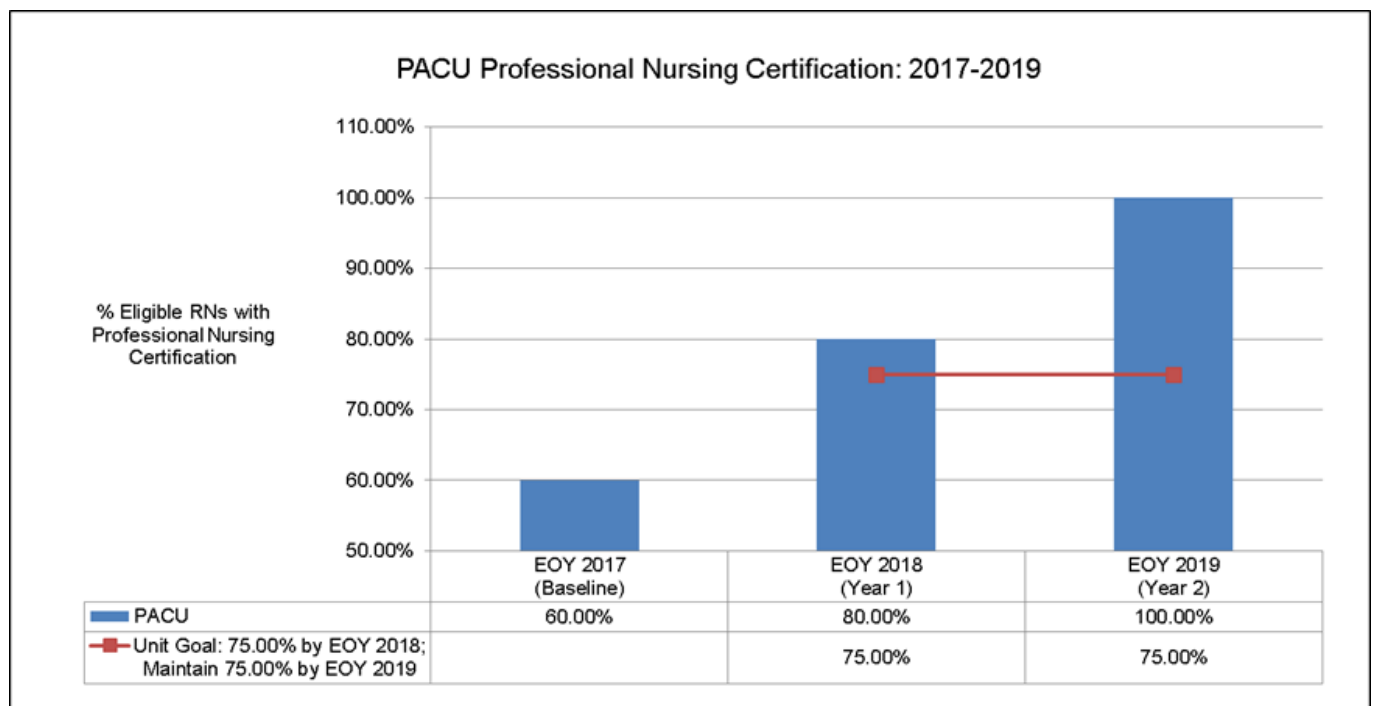
EXAMPLE 2: POST ANESTHESIA CARE UNIT (PACU) MET TARGETED CERTIFICATION GOAL

Provide one example, with supporting evidence, demonstrating nursing has met a targeted goal for improvement in professional nursing certification by unit or division.

Goal: Increase the percentage of eligible PACU registered nurses with a professional nursing certification to 75.00% by the end of 2018, and maintain the percentage of eligible PACU registered nurses with a professional nursing certification at 75% or above by the end of 2019.

Result: PACU exceeded its goal, achieving 80.00% by the end of 2018, and 100% by the end of 2019.

SE4EO - Graph 2 - PACU Professional Nurse Certification: 2017-2019





EP15EO - WORKPLACE SAFETY

REDUCING WORKPLACE VIOLENCE TOWARD NURSES

Provide one example, with supporting evidence, of an improved workplace safety outcome for nurses, specific to violence (physical, psychological violence, threats of incivility) toward nurses in the workplace. Provide a copy of the organization's safety strategy.

Problem

Overview: Phelps Hospital (Phelps) utilizes the Northwell Health System's Krasnoff reporting system to enter and report on workplace violence (WPV), using the National Institute for Occupational Safety and Health (NIOSH) definition of workplace violence as "*violent acts, including physical assaults and threats of assaults, directed toward persons at work or on duty*". Northwell Health expanded the NIOSH definition of workplace violence to include any physical, patient aggression, psychological or verbal incidents occurring in the workplace by employees, patients, patients' family members, vendors or any other third party. This includes employee-to-employee workplace violence, patient-to-employee workplace violence, and visitor-to-employee workplace violence, but excludes violence that employees are not involved in, such as patient-to-patient violence or visitor-to-visitor violence. WPV is also based on intent. For example, if a patient recovering from anesthesia accidentally strikes a nurse, the incident would not be considered WPV but reported using a normal incident reporting protocol.

Background: In July 2018, Phelps had six WPV events reported, the highest number reported since 2016. In August 2018, the Phelps' Nursing Leadership Council (NLC), consisting of Nurse Directors, Nurse Managers, Assistant Nurse Managers, Clinical Educators and Clinical Nurse Specialists, discussed recent concerns raised by an Emergency Department (ED) nurse as reported by her director. Phelps' nurse leaders recognized the need to support nurses in their response to an increasing number of patients who were combative, disruptive, and actually or potentially violent/threatening. The members of the NLC council believed the existing process for managing this type of patient needed to be amended to provide nurses with tools and resources to safely care for patients who exhibit threatening behavior. Eileen Egan, JD, BSN, RN, vice president, Administration was a member of the Safety Committee and was present at the NLC meeting, where these concerns were discussed. Eileen communicated the nurses' concerns at the following Safety Committee meeting. Since the Safety Committee monitors all reported workplace violence issues and safety concerns of staff, the team recognized the additional concerns of Nursing.

Organizational Safety Strategy: Consistent with its mission, Phelps is "committed to

promoting a safe and secure environment for all patients, visitors and staff” according to Phelps’ Security Management Plan, which is aligned with the Northwell Health’s Workplace Violence Prevention (WPV) Program. The Northwell Health Safety Management Plan demonstrates the organization’s concern for employees’ emotional and psychological safety and health as well as a commitment to the maintenance of a safe and healthy, violence-free work environment. This program is available to all employees in the System’s Workforce Safety Manual. [EP15EO-A Workplace Violence Prevention Safety Implementation Guide p.3 and 7 and Phelps Safety Management Plan.](#)

Challenge: In July 2018, 1.60% of Phelps nurses experienced a WPV event.

Goal Statement

Goal: Reduce % Phelps nurses experiencing a WPV event

Measure of Effectiveness: % Phelps nurses experiencing a WPV event

[total # WPV events against Phelps nurses ÷ total # Phelps employed nurses (excluding per-diem) x 100]

Participation

EP15EO - Table 1 - Safety Committee

| Name | Credentials | Discipline | Dept/Unit | Job Title |
|-----------------|-----------------------|-----------------------|------------------------|--|
| Eileen Egan | JD, BSN, RN | Risk Management | Administration | Vice President |
| Helen Renck | MSN, RN, CJCP, CPPS | Clinical Operations | Administration | VP, Clinical Operations & Patient Safety Officer |
| Mary McDermott | MSN, RN, APRN, NEA-BC | Patient Care Services | Administration | Senior Vice President, Patient Care Services & CNO |
| Daniel Blum | BS | Support Services | Administration | President & CEO |
| Glenn Taylor | | Support Services | Administration | VP, Support Services |
| Jeffrey Meade | | Support Services | Facility Services | Sr. Administrative Director |
| Manny Caixeiro | | Support Services | Security | Director |
| Joseph Anzovino | | Support Services | Security | Operations Manager |
| George Coyle | | Support Services | Security | Desk Associate |
| Mindy Brugger | | Support Services | Emergency Life Support | Projects Coordinator |

EP15EO - Table 2 - Workplace Violence Nursing Task Force

| Name | Credentials | Discipline | Dept/Unit | Job Title |
|-------------|-------------|-----------------|----------------|----------------|
| Eileen Egan | JD, BSN, RN | Risk Management | Administration | Vice President |

| Name | Credentials | Discipline | Dept/Unit | Job Title |
|------------------------|-------------------------------|------------------|-------------------------------------|----------------------------|
| Nancy Fox | MS, RN, NEA-BC, NPD- BC, CNML | Education | Organizational Development | Director |
| Maryanne Portoro | RN | Nursing | ED | Clinical Nurse |
| Crystal Moschiano | BSN, RN, SANE | Nursing | 1 South | Clinical Nurse |
| Doreen Wall | MSN, RN-BC | Nursing | Behavioral Health | Clinical Educator |
| Yvetale Lauture-Jerome | MAS, BSN, RN, SANE-A | Nursing | Maternal Child Health | Nursing Director |
| Gail Wilson | BSN, RN | Nursing | 5 South | Nurse Manager |
| Marilyn Maniscalco | BSN, RN, CNML | Nursing | 2 Center | Nurse Manager |
| Candace Huggins | MSN, RN, NE-BC, CEN | Nursing | ED | Assistant Nursing Director |
| Ellen Parise | MSN, RN, CNML | Nursing | 3 North (formerly known as 2 North) | Nurse Manager |
| Dorit Lubeck Walsh | MSN, RNC | Medicine | Physician Practice | Nurse Practitioner |
| Manny Caixeiro | | Support Services | Security | Director |
| Joseph Anzovino | | Support Services | Security | Operations Manager |

Interventions

Identifying Strategies to Improve Safety: Beginning in September 2018, Eileen and Mary Koor, MBA, Coordinator, Risk and Quality Improvement, worked with members of the Information Technology (IT) department to determine a method of electronically flagging the medical record of aggressive/disruptive patients for each encounter. This notification was intended to warn staff so they could prepare to approach patients differently and provide safer treatment. However, this suggestion was not feasible for medico-legal reasons. While initiating a “code green” to control violent patients occurred, Eileen and nurse leaders agreed that there were situations which required a different approach. They decided to form a committee to standardize methods for managing the behavior of these disruptive patients.

Creating New Patient Processes: By January 2019, the Security department and Nursing were working in parallel on initiatives to reduce WPV risks. Suzanne Mateo, MA, RN, NEA-BC, director, ED, Critical Care and Inpatient Behavioral Health and Candace Huggins, MSN, RN, NEA-BC, CEN, assistant nursing director, ED worked together with Manny Caixeiro, director, security, to develop a new process for Phelps security to check high-risk patients requiring constant observation with a metal detector wand in the ED. It became an ED requirement for all patients to change into a gown while in the hospital. Nurses alerted Security of patients being admitted to an inpatient behavioral health unit; Security would subsequently search

the patient's belongings, place them in a clear plastic bag with a tag that indicated further inspection was needed by security.

Forming a WPV Nursing Task Force: In February 2019, nurses representing all Phelps' departments formed the Workplace Violence Nursing Task Force. The task force members evaluated the current practice by reviewing the existing documentation in the electronic medical record (EMR) and agreed to review the relevant Northwell policies, discuss alternatives for alerting Phelps' staff of violent/aggressive behavior and develop an algorithm to manage patients who are violent or threatening.

Reviewing and Updating Patient Behavior Policies: At the March 5, 2019, Workplace Violence Nursing Task Force meeting, Eileen led members in reviewing the Northwell related policies provided in the Workplace Violence Prevention Safety Implementation Guide p.14, including "Behavior by Patient/Visitor not Conducive to Healthcare". Members agreed the policy addressed the safety issue that prompted this Nursing task force. The nurses agreed to adopt the policy at Phelps and identify the best way to educate all staff and communicate a standardized process of caring for patients who become disruptive, violent, or threatening.

Developing Education: In March 2019, Nancy Fox, MS, RN, NEA-BC, NPD-BC, CNML led the task force's development of online HealthStream® learning management system to educate all Phelps employees, including ancillary areas, on the implementation of the Northwell policy. On April 16, 2019, a smaller workgroup convened to finalize the HealthStream® module and determine an implementation date. This smaller workgroup, also consisting of nurses, decided to outline steps taken to address patients that become disruptive, violent, and/or threatening in a quick reference algorithm that would be distributed to all units in conjunction with the education. An algorithm, which instructed staff on the correct protocol when identifying disruptive behavior and indicating which code to call overhead, and whom to notify, was written, laminated and distributed to all areas of the hospital.

Educating Nurses and Colleagues on New Safety Practices: In May 2019, Nancy led implementation of the mandatory online HealthStream education throughout Phelps. The algorithm was distributed to all units in the hospital and the main lobby.

Implementing New Practices to Improve Safety: The new safety strategies were implemented by the end of May 2019.

Outcome

Pre-Intervention Timeframe: July 2018

Pre-Intervention Baseline Data: During the pre-intervention timeframe, 1.60% of Phelps' nurses experienced a WPV event.

Intervention Timeframe: August 2018 – May 2019

Post-Intervention Timeframe: June – August 2019

Post-Intervention Data: During the post-intervention timeframe, an average of 0.52% of Phelps' nurses experienced a WPV event. This represents a 66% reduction.

EP15EO - Graph 1 - Phelps Nurses Experiencing WPV Events



5 Pages



NK1 - NURSING RESEARCH STUDY

Study Overview

Study Title: The Effect of an Educational Intervention on Perioperative Registered Nurses Knowledge, Attitudes, and Behaviors towards Pressure Injury Prevention in Surgical Patients.

IRB Approval Date: The study underwent expedited review and received Northwell Health IRB approval on May 11, 2018 (IRB#: 18-0240)

Study Start Date: May 12, 2018

Study Completion Date: December 13, 2019

Research Team

NK1 - Table 1 - Research Team

| Name | Credentials | Discipline | Dept/Unit | Job Title/ Research Role |
|--------------------|---------------|------------|------------------------|---|
| Peggy C. Tallier | MPA, EdD, RN | Nursing | Nursing Administration | Coordinator of evidence-based practice and research |
| Lorraine Presby | ADN, RN, CNOR | Nursing | Operating Room | Clinical educator (at the time) |
| Catherine McCarthy | BSN, RN, CNOR | Nursing | Operating Room | Clinical nurse, Phelps' site principal investigator |

Study Aims

Study Purpose: The purpose of this study is to test the effectiveness of an educational intervention on perioperative registered nurse (RN) knowledge, attitudes, and behaviors towards pressure injury prevention in surgical patients.

Specific Aims:

- I. To measure the effect of an educational intervention on perioperative nurses' knowledge of pressure injury development, predictive and risk factors, and pressure

injury prevention protocols.

- II. To measure the effect of an educational intervention on perioperative nurses' attitudes and behaviors of pressure injury development, predictive and risk factors, and pressure injury prevention protocols

Literature Review Significance

This study was a continuation of previous work published by Tallier, Reineke, et al. (2017). The findings from the Phase 1 study titled "What are Perioperative Registered Nurses' Knowledge, Attitudes, Beliefs, and Behaviors towards Pressure Injury Prevention in Surgical Patients" indicated that perioperative nurses have a knowledge deficit about pressure injury risk assessment and prevention. The pilot study findings indicated that although most perioperative nurses are able to correctly identify and stage a pressure injury, they lack the requisite knowledge to identify patients at risk and implement prevention strategies in their practice. Perioperative nurses had not engaged in continuing educational activities such as attending or listening to a lecture, reading an article about pressure ulcers, or attending formal training in the last four years indicating the need for further education (Tallier, Reineke, et al., 2017).

Current Knowledge: Annually, 2.5 million patients are affected by pressure ulcers (AHRQ, 2016). In the United States overall incidence for hospital acquired pressure ulcers (HAPUs) is 4.5%. In addition to causing severe pain and suffering for patients, HAPUs are associated with adverse patient events including longer hospital length of stay and higher mortality both in hospital and within 30 days of discharge (Lyder et al., 2012). An under investigated area of concern is the development of HAPUs in the perioperative area. A recent systematic review of 17 international studies concluded that the incidence of surgery related HAPUs has increased with a pooled incidence of 15% (Chen, Chen, & Wu, 2012). Shaw, Shang, Lee, Kung, and Tung (2014) observed the development of stage 1 pressure ulcers in 9.8% of patients immediately following surgery and in 5.1% of patients thirty minutes post-operatively. Further, the risk was higher for patients who underwent cardiac surgery (18%) or hip fracture surgery ([22%], Chen, Chen, & Wu, 2012).

There is paucity of research regarding nurses' knowledge, attitudes, behaviors, and barriers related to pressure ulcer prevention in the perioperative area. It is necessary for this to be examined and further research is needed. Understanding nurses' knowledge, attitudes, behaviors, and barriers in relation to pressure ulcer prevention may contribute to the development of pressure ulcer preventive strategies in perioperative patients to lower adverse patient outcomes and costs associated with HAPUs. The terminology hospital acquired pressure ulcers (HAPU's) has been updated in the literature to hospital acquired pressure injuries (HAPI's). The current study reflects the new language however one of the instrument's uses the old terminology.

Significance to Nursing:

The results of this study:

1. Measured and tested the effectiveness of an Educational Intervention on nurses' knowledge, attitudes, beliefs, and behaviors towards Pressure Injury Prevention with the intent aimed at lowering the incidence of pressure injury development in surgical patients in the perioperative services.
2. Informed perioperative practice
3. Addressed gaps in the literature

Innovation

The new knowledge generated may inform practice change with risk assessment and prevention of pressure injury development in perioperative areas with surgical patients.

Study Design: Quantitative non-experimental pre-test post-test longitudinal study. Participants participated in an educational intervention and completed surveys prior to the intervention, within seven days completing the intervention, and six months after the intervention.

Research Question:

- What is the effect of an educational intervention on perioperative registered nurses' knowledge, attitudes, and behaviors towards pressure injury prevention in surgical patients?

Sample Description

Type of Sample: Non-randomized convenience sample

Inclusion Criteria:

- Licensed male or female RNs working in perioperative services (including operating room, ambulatory surgery, endoscopy, and post anesthesia care unit (PACU))
- Full time or part-time
- Have at least one year of experience in perioperative services

Exclusion Criteria:

- Agency nurses
- Student nurses
- RNs with less than one year experience in perioperative services
- Non-licensed personnel

Sample Size: A convenience sample size of 41 Phelps' perioperative registered nurse participants were recruited to participate in the study. Flyers were posted in the perioperative areas and nurses voluntarily agreed to participate in the study.

Study Location

Eleven hospitals, including Phelps Hospital, were selected to participate in the study.

NK1 - Table 2 - Participants Table

| | |
|---|--------------------------------|
| Principal Investigator: | Peggy C. Tallier, MPA, EdD, RN |
| Co-Investigator | Patricia R. Reineke PhD, RN |
| Site PI: Northwell Health Phelps Hospital | Catherine McCarthy |
| Site PI: Northwell Health Northern Westchester | Louella Tan |
| Site PI: Northwell Health Huntington Hospital | Donna Tanzi |
| Site PI: Northwell Health Lenox Hill Hospital | Eleonora Shapiro |
| Site PI: Northwell Health North Shore University Hospital | Laura Friedkin Wachel |
| Site PI: Mount Sinai St Lukes | Ishoma John-Peters |
| Site PI: Saratoga Hospital | Jane Stratton |
| Site PI: St Joseph's Health | Christopher Kowall |
| Site PI: White Plains Hospital | Andrea LaCourcier |
| Site PI: NYP Hudson Valley | Kathy Asaadoorian |
| Site PI: Northwell Health LJ Valley Stream | Lisa Chung |

Study Procedures

Site PI Preparation: Approval to conduct the study was obtained from Mary McDermott, MSN, RN, APRN, NEA-BC, senior vice president, Patient Care Services and chief nursing officer at Phelps. Each participating site identified a PI. Catherine McCarthy, BSN, RN, CNOR, clinical nurse, OR, as site PI, and Lorrie Presby, RN, CNOR, clinical educator, completed CITI training and certification. Members of the research team trained site PIs on data collection protocols and the educational intervention. Each site PI was responsible for collecting data at three different time periods. IRB approval was obtained prior to beginning the study.

Initial Screening Procedures: Participants were recruited voluntarily. Recruitment was conducted using a combination of flyers and announcements at unit meetings. Catherine and Lorrie posted flyers and provided information about the study in the Phelps' Nursing News and Notebook.

Study Instruments: Study instruments (surveys) were provided in paper and pencil. The rationale for this is that the evidence has shown that the response rate for paper and pencil proctored surveys is higher than surveys administered electronically. Surveys took

approximately 20-30 minutes for participants to complete each time period.

Study instruments included:

1. Pieper-Zulkowski Pressure Ulcer Knowledge Test Version 2 (Pieper & Zulkowski, 2014, [PZ-PUKT]): A 72-item instrument that measures nurses' knowledge of pressure injury prevention. The PZ-PUKT has a reported Cronbach's alpha of .80. The PZ-PUKT also includes a 12-item demographic survey.
2. Pressure Sore Survey (Moore & Price, 2004): Two subscales were used to measure pressure injury prevention attitudes (11 items) and pressure ulcer prevention strategies (8 items). The Pressure Sore Survey has a reported Cronbach's alpha of .84.

Data Collection:

Pre-Test Procedure: The site PI provided individual survey packets to each participant. The PI instructed each participant that their packets contained two envelopes that were labeled Pretest Data (informed consent, two surveys, and two envelopes) and Posttest Data (two surveys and one envelope).

1. Pretest Data Envelope: Pretest data was collected at the site, June 2018 by the site PI. The PI instructed participants to open the Pretest Data envelope. The PI then instructed participants to read the informed consent. The PI provided time for questions before the informed consent was signed. After signing the informed consent, participants completed the two surveys. The participants then placed their two surveys and their signed informed consent into the envelope found inside the Pretest Data envelope. The participants were instructed to seal the envelope, print their name on the outside of the envelope, and return to the PI.
2. Posttest Data Envelope: The PI instructed participants to print their name on the outside of the Posttest Data Envelope and return it to the PI for completion after the educational intervention.

Educational Intervention Procedure: After the pre-test surveys were completed and collected by the site PI, the educational intervention was implemented the first week of August 2018. Four components from the AORN Prevention of Perioperative Pressure Injury Tool Kit were used for the educational intervention. Risk assessment and prevention each included two components from the toolkit which must be accessed directly from the AORN website. To allow for scheduling flexibility within the individual organizations, the educational intervention was initiated within seven days after the completion of the pretest surveys.

Educational Intervention

- I. Risk assessment
 - a. Perioperative Pressure Ulcer Risk & Prevention: Scott Triggers Webinar (30 minutes)
 - b. Scott Triggers Risk Assessment Instrument (10 minutes)
- II. Prevention

- I. The Basics of Positioning Patients in Surgery slide presentation – 45 minutes
- II. Prevent Perioperative Pressure Injury Checklist – 15 minutes

Posttest Data Collection Period #1: Posttest #1 data were collected the second week of August 2018 within seven days following the educational intervention. The site PI distributed the Posttest Data Envelope to the participants. The participants opened the envelope and completed the two surveys. The participants then placed their two surveys into the envelope found inside the Posttest Data Envelope. The participants were instructed to seal the envelope, print their name on the outside of the envelope, and return to the PI. The site PI placed all of the completed pretest and posttest #1 envelopes into the self-addressed stamped mailer and returned them to the PI.

Posttest Data Collection Period #2: Posttest data #2 were collected February 2019, six months after the educational intervention. The site PI distributed the Posttest Data Envelope to the participants by their name on the outside of the envelope. The participants opened the envelope and completed the two surveys. The participants then placed their two surveys into the envelope found inside the Posttest Data Envelope. The participants were instructed to seal the envelope, print their name on the outside of the envelope, and return to the PI. The site PI placed all of the completed posttest #2 envelopes into the self-addressed stamped mailer and returned them to the PI.

Data Analysis Methods: Data were entered into an electronic data capture tool by the data analyst. Data were entered twice to decrease the risk of data entry error. Versions were compared, disparities noted and then corrected in the original file. Discrepancies were reviewed by the data analyst for clarity and consensus. An audit trail of changes and rationales was maintained. Data were scored by the analyst only.

Data were analyzed using IBM SPSS statistical software version 23.0 (IBM, Armonk, New York). Descriptive statistics summarized demographics, knowledge, attitudes, and behaviors with reported means, standard deviations, frequencies, and percentages. A t-test was used to determine if (1) the training intervention improved test performance by comparing the average posttest score with the average pretest score (2) the respondents retained the knowledge acquired during training, by comparing the second average posttest score, administered six months later, with the initial average posttest score.

Results

Sample characteristics: Forty-one nurses participated in the survey ($n=41$). The majority of the nurses' had a bachelor's degree (71%, $n = 29$) with the remaining participants having an associate's degree (12%, $n = 5$), master's degree (15%, $n = 6$) or a diploma (2%, $n=1$). Ninety percent had five or greater years of experience ($n = 37$), and seventy-eight percent had ten or more years of experience in current specialty ($n=32$). None of the nurses held wound certification, however, more than 60% of the nurses held national board certifications.

Data Analysis Results

Nurses Knowledge

Nurses' knowledge was measured using Pieper-Zulkowski Pressure Ulcer Knowledge Test Version 2 (Pieper & Zulkowski, 2014, [PZ-PUKT]). Table 2 reports overall scores and the subscale (prevention, staging, & wound) scores.

Overall Test Results:

There were 72 items reported in the overall test results. For the majority of items, the percentage correctly answered increased between pre-and-posttest. On the item 22, *Persons, who are immobile and can be taught, should shift their weight every 30 minutes while sitting in a chair*, only 2.4% of the respondents provided the correct answer. A t-test revealed that for the PZ-PUKT overall, the difference between the average posttest score (52.32) and average pretest score (49.0) was statistically significant at $p < .001$. Furthermore 73% of the items were correctly answered. Turning to the average posttest 2 score (47.41), it was lower than the average posttest 1 score by nearly 4.91 points. This result was statistically significant at $p < .003$, indicating that respondents retained very little of the information six months out.

Prevention Subscale Results:

There were 28 test items reported in the Prevention subscale results. For all of the items, the percentage correctly answered increased between pre-and-posttest. On item 13, *a specialty bed should be used for all patients at high risk for pressure injury/ulcers*, only one respondent provided the correct answer. The t-test revealed that for the Prevention subscale, the difference between the average posttest score (21.20) and average pretest score (20.24) was statistically significant at $p < .01$. Furthermore 72% of the items were correctly answered. Turning to the average posttest 2 score (19.76), it was lower than the average posttest score by almost two points. However this result was not statistically significant at $p < .05$, indicating that respondents retained very little of the information six months out.

Staging Subscale Results: There were 20 test items reported in the staging subscale results. For 8 of the 20 of items, the percentage of items correctly answered increased between pre-and-posttest. Item 15, *When the ulcer base is totally covered by slough, it cannot be staged*, experienced the largest percentage point gain (25 points) from pre-to-posttest. The t-test revealed that for the Staging subscale, the difference between the average posttest score (14.54) and average pretest score (14.31) was not statistically significant at $p < .05$. However 72% of the items were correctly answered. Turning to the average posttest 2 score (13.90), it was lower than the average posttest score by less than one point. This result was not statistically significant at $p < .05$, indicating that respondents retained very little of the information six months out.

Wound Subscale Results:

There were 24 test items reported in the staging subscale results. For the majority of items,

the percentage of items correctly answered increased between pre-and-posttest. On item 24, *Bacteria can develop permanent immunity to silver dressings*, 12 or fewer respondents provided the correct answer across the pre-and-posttests. The t-test revealed that for the Wound subscale, the difference between the average posttest score (16.59) and average pretest score (14.49) was statistically significant at $p < .000$. Furthermore 71% of the items were correctly answered. Turning to the average posttest 2 score (15.24), it was lower than the average posttest score by a little over 1 point. However this result was not statistically significant at $p < .05$, indicating that respondents retained very little of the information six months out.

NK1 - Table 3 - Wound Subscale Results

| Subscale Name (Number of test items) | Pre Test (percentage scored correctly and raw score) | Posttest # 1 | Posttest# 2 |
|---|---|------------------------------|------------------------------|
| Prevention (28) | 72% 20.24 | 76% 21.20 * $p < .01$ | 71% 19.76 |
| Wounds (24) | 60% 14.49 | 69% 16.59 * $p < .000$ | 64% 15.24 * $p < .018$ |
| Staging (20) | 72% 14.31 | 73% 14.54 | 70% 13.90 |
| Overall (72) | 68% 49.0 | 73% 52.32 * $p < .001$ | 66% 47.71 * $p < .003$ |

Nurses' Attitudes toward Pressure Injury Prevention and Care

Pressure Sore Survey (Moore & Price, 2004) was used to measure pressure injury prevention attitudes (11 items) and pressure ulcer prevention strategies (8 items). Table 3 reports the scores. Respondents were asked to rate each survey item on a 5-point scale. For items one, two, and six the scale ranged from strongly agree=5 to strongly disagree=1. The rest of the items were scaled in reverse. Attitudes were assessed on each item which was weighted using the rating scale. A weighted score of less than 1.5 was considered a very negative attitude (VNA) while a weighted score above 4.6 was considered a very positive attitude (VPA). Overall respondents mean score was 2.91 indicating that respondent attitudes were neither positive nor negative (NPNA).

On average posttest 1 survey showed no change from the pretest scores as the overall score was 2.91 suggesting that respondents' attitudes did not change after receiving training. The overall average score on the posttest 2 survey, which was administered six months later, was similar to the posttest 1 overall score of 2.90 suggesting that respondents attitudes did not decline but remained the same from pretest to posttest 2.

NK1 - Table 4 - Pretest Results

| Item | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Weighted Mean | Attitude Scale* |
|--|----------------|--------------|----------------------------|--------------|-------------------|---------------|-----------------|
| (1) All inpatients are at potential risk of developing pressure sores | 159 71.3% | 53 23.8% | 1 0.4% | 8 3.6% | 2 0.9% | 4.609865 | VPA |
| (2) Pressure sore prevention is time consuming for me to carry out | 11 5.0% | 38 17.1% | 47 21.2% | 62 27.9% | 64 28.8% | 2.414414 | NA |
| (3) In my opinion, patients tend not to get as many pressure sores nowadays | 40 17.9% | 73 32.6% | 65 29.0% | 39 17.4% | 7 3.1% | 2.553571 | NA |
| (4) I do not need to concern myself with pressure sore prevention in my practice | 147 65.6% | 67 29.9% | 3 1.3% | 0 0.0% | 7 3.1% | 1.450893 | VNA |
| (5) Pressure sore treatment is a greater priority than pressure sore prevention | 122 54.7% | 74 33.2% | 18 8.1% | 5 2.2% | 4 1.8% | 1.632287 | NA |
| (6) Continuous nursing assessment of patients will give an accurate picture of their pressure sore risk | 137 61.2% | 79 35.3% | 3 1.3% | 2 0.9% | 3 1.3% | 4.540179 | PA |
| (7) Most pressure sores can be avoided | 6 2.7% | 4 1.8% | 21 9.4% | 123 54.9% | 70 31.3% | 4.102679 | PA |
| (8) I am less interested in pressure sore prevention than other aspects of nursing care | 66 29.6% | 88 39.5% | 47 21.1% | 19 8.5% | 3 1.3% | 2.125561 | NA |
| (9) My clinical judgement is better than any pressure sore risk assessment tool available to me | 44 19.6% | 91 40.6% | 65 29.0% | 20 8.9% | 4 1.8% | 2.325893 | NA |
| (10) In comparison to other areas of nursing care, pressure sore prevention is a low priority for me | 85 37.9% | 103 46.0% | 23 10.3% | 11 4.9% | 2 0.9% | 1.848214 | NA |
| (11) Pressure sore risk assessment should be regularly carried out on all patients during their stay in hospital | 12 5.4% | 4 1.8% | 2 0.9% | 62 27.7% | 144 64.3% | 4.4375 | PA |

Nurses Behavior and Use of Pressure Tools

Respondents were asked a series of questions about their behaviors regarding pressure sore assessment, prevention, and use of pressure sure tools. In the pretest survey, 42% of the respondents reported that they carried out risk assessment on all patients, while 40% reported that they carried out risk assessment on none of the patients. The posttest 1 and posttest 2 surveys reported a similar result. Seventeen percent of respondents reported that they carried our risk assessment at the time of admission only. These percentages dropped to 15% on the posttest surveys. Approximately a third of the respondents reported carrying out risk assessment daily during the patients' stay in the hospital. Both posttests indicated similar percentages. Regarding writing up prevention care plans, 20% of respondents reported on the pretest that they prepare plans on all patients at risk. A must smaller percentage reported writing prevention care plans on both posttest surveys. The majority of respondents on all three surveys reported that they did not prepare pressure sore prevention plans on patients. On the pretest and posttest 2 surveys more than half the respondents reported never having read pressure sore prevention plans while 44% of posttest 1 responses indicated 'less often'. Only 37% of respondents reported that they reviewed pressure sore prevention plans on the pretest survey, 22% on the posttest 1 survey, and 37% on the

posttest 2 survey. The majority of respondents (54%) checked off the 'other' category on the pretest, 42% on the posttest 1 survey, and 52% on the posttest 2 survey. A review of the reasons why care plans were not read, the majority of respondents indicated that they worked in an area where the plans were not necessary, such as outpatients and ambulatory care. Less than a quarter of respondents reported that they updated care plans daily during the patient's stay in the hospital across all three surveys. Approximately 40% of respondents reported 'never' updating care plans across all three surveys. More than 70% of respondents reported in the pretest that they carry out pressure sore prevention strategies. These percentages increased to over 80% on the posttests. When respondents were asked why they carry out prevention strategies 97% indicated on the pretest that 'They are an essential part of nursing', 57% percent indicated that 'I see other nurses doing the same', 43% indicated that 'Other nurses expect me to', and 57% indicated that 'The hospital policy states that I should.' For posttest 1 these percentages were 90%, 22%, 15% and 29% respectively. For posttest 2 the percentages were 83%, 12%, 10% and 24%. Clearly, the majority of respondents across the three surveys indicated that 'They are an essential part of nursing' being the main reason for carrying out pressure sore prevention strategies.

Three questions on the survey focused on pressure sore tools — the presence of pressure sore risk assessment tools, the presence of pressure sore grading tools, and formal training on pressure sore prevention and management. More than half of the respondents indicated the presence of a pressure sore risk assessment tool on the pretest, 46% on the posttest 1 survey, and 41% on the Posttest 2 survey. The majority of respondents could not recall what risk assessment tool was present. The few respondents who did remember indicated that it was the Braden Risk Assessment Tool. A little more than half of the respondents indicated on the pretest the presence of a pressure sore grading tool (54%). This percentage dropped to 34% on posttest 1 one and 42% on posttest 2. Almost none of the respondents across the three surveys could recall the tool that was available. Approximately 78% of the respondents reported on the pretest that they received training on pressure sore prevention and management. This percentage dropped to 73% on posttest 1 and increased to 85% on Posttest 2. Across all three survey's respondents reported a variety of formal training sessions – in-service training, wound care clinics, wound conference held at the hospital, online learning modules such as Health Stream Learning, NDQI pressure modules, and Meditech modules, nursing orientations, assessments of pressure sore risk assessments, and annual educational reviews.

Summary of Key Findings

A summary of the findings demonstrates that perioperative nurses have a knowledge deficit about pressure injury risk assessment, prevention, and wound characteristics. This provides an opportunity for further education especially in the areas of risk assessment and prevention. This study examined perioperative registered nurse's knowledge, attitudes, behavior, and barriers towards pressure ulcer prevention in perioperative patients. Nurses' overall score pretest was 68%, increased to 73% a statistically significant finding ($p < .001$)

one week after the teaching intervention (posttest 1), and then decreased to an overall score of 66% also a statistically significant finding ($p < .003$) six months after the teaching intervention. This indicates that although most perioperative nurses are able to correctly identify and stage a pressure ulcer, they lack the requisite knowledge to identify patients at risk and implement prevention strategies in their practice and that they are retaining very little knowledge six months after the teaching intervention.

The majority (95%) of perioperative nurses had engaged in continuing education activities such as attending or listening to a lecture, reading an article about pressure ulcers, or attending formal training.

Perioperative nurses had neither positive nor negative attitudes towards pressure ulcer prevention. This indicates the need for further education regarding the prevention of pressure injuries in perioperative patients. Nursing practice behaviors have an important role in pressure ulcer prevention. In the current study, although 97% of the perioperative nurses believed carrying out pressure ulcer prevention strategies is essential to nursing practice, 42% reported conducting pressure injury risk assessment on all patients and 40% reported they carried out risk assessment on none of the patients. Posttest one and two had similar findings. Even fewer reported developing, updating, and reading pressure prevention care plans.

Although approximately 40% of the participants reported that the use of a pressure injury risk assessment tool was implemented the majority could not recall what tool was used and on those who did recall, they stated the Braden Scale was in use. This scale is not recommended in the perioperative area according to best practices. This indicated the need for further education and the implementation of a risk assessment tool more properly suited to perioperative patients.

Implications of Findings:

This study explored the effect of an educational intervention on perioperative registered nurse's knowledge, attitudes, and behavior towards pressure ulcer prevention in perioperative patients and attempted to underscore the need for ongoing and continuing education. Findings from this study indicated that perioperative nurses have a knowledge deficit about risk assessment pressure injury prevention and that there is need for the implementation of an appropriate risk assessment tool for the assessment and prevention of pressure injury in perioperative patients. An understanding of perioperative registered nurses' knowledge, beliefs, attitudes, behaviors, and barriers to pressure ulcer development will inform perioperative practice and lead to the development of interventions aimed at lowering the incidence of pressure ulcer development, improving surgical patient outcomes, and lowering hospital costs.

Recommendations to the Organization: Peggy Tallier, MPA, Ed,D, RN shared the Phelps' findings with Mary, the principal investigators, Catherine and Lorrie, and Kathleen Scherf,

MPA, BSN, RN, NEA-BC, CAPA, nursing director, Surgical Services for discussion of the best methods for dissemination at Phelps. The research study was presented at the New Knowledge and Innovation Shared Governance Council meeting which had representatives from the OR, PACU and Deborah (Debi) Reynolds, BA, AAS, RN, WOCN, clinical nurse, enterostomal therapy in January 2020. Research findings are scheduled to be disseminated to the clinical nurses from the OR, Endoscopy unit, ASU, and PACU, during the Perioperative shared governance unit council, Perioperative nursing staff meetings and the monthly Surgical Services meeting. During these forums, the perioperative nurses have the opportunity to discuss the importance of the results, collaborate with Debi and Perioperative educators to implement the Scott Triggers Risk Assessment tool for perioperative patients and conduct ongoing review of pressure injury prevention strategies with Debi skin champions and the clinical nurses of surgical services.